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ABSTRACT

A syllabus is provided of the second and third courses of the Computer Assisted Remedial Education (CARE) sequence. CARE 2/3 is a college-level, combination offering for education majors which deals with diagnostic teaching at the preschool and primary levels. The objectives of the course are to enable educators to identify the characteristics of children which require special teaching procedures and to specify relevant educational objectives, techniques, strategies, materials, evaluation methods, and resources for these students. Major sections of the course cover: 1) child development; 2) identifying relevant characteristics of children; 3) goals and objectives; 4) instructional procedures; 5) the selection and retrieval of instructional procedures and materials; 6) the application of the diagnostic teaching model; 7) resources; and 8) day care. CARE 2/3 is taught via computer-assisted instruction and uses a variety of materials drawn from various sources and reproduced for use in the course. (PB)

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SYLLABUS FOR DIAGNOSTIC TEACHING OF PRESCHOOL AND PRIMARY CHILDREN

Virginia M. Johnson
Carol A. Cartwright
G. Phillip Cartwright

Report No. R-82

The Computer Assisted Instruction Laboratory

The Pennsylvania State University

IR 000 522

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
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Ultimate responsibility for course content rests with the principal investigators. However, the successes of the project would not have been possible without major support from a number of professionals who worked with the principal investigators. Most notable was Professor Marjorie E. Ward. Professor Ward devoted a good portion of her time for 18 months and, in function, became a principal investigator. Also, special acknowledgments should be given to the chief programers, Bonnie Shea and Lucille Diehl, and to Terry Bahn, computer operator and systems specialist. Their contributions were invaluable.

All told, some 40 persons were involved in the preparation of these courses. Each person made contributions which assisted in the further development of the project. Names and contributions are given following this section.

A number of publishers have made their materials available to us for reproduction and illustration throughout the courses. Those publishers are listed following this Acknowledgments section. Two publishers deserve special thanks. Fountain Valley Teacher Support System in Reading was made available to us by the Richard L. Zweig Associates. They gave us permission to photograph many of their materials so that we might more fully explain the system. The Select-Ed Company of Olathe, Kansas, publishers of Prescriptive Materials Retrieval System also permitted us to photograph numerous parts of their retrieval system so that we might explain it more adequately. Also, the Select-Ed Company have made copies of their Educational Descriptor Dictionary available to students who take the CARE 2/3 courses.

Finally, the realism of the course would not have been possible without the cooperation of the 160 children and their teachers in preschool programs, public and parochial elementary classes, and church school programs. Hundreds of colored slides were obtained with the cooperation of the children and their teachers. They also provided us with realistic case material, and recordings of classroom activities.

The publishing companies who gave us permission to use excerpts or reproductions of some of their materials are: American Guidance Service, Inc.; Appleton-Century-Crofts; the Publications Department, The Council for Exceptional Children; Curtiss-Wright Corporation; Ginn & Company; Lyons and Carnahan Educational Division of Meredith Corporation; MIT Press; C. V. Mosby Company; Manned Spacecraft Center, National Aeronautics and Space Administration; Prentice-Hall, Inc.; Saskatchewan Newstart, Inc.; Science; and Science Research Associates, Inc.

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FOREWORD

In 1969 under the sponsorship of the Bureau of Education for the Handicapped, The Pennsylvania State University initiated development of CARE 1 (Computer Assisted Remedial Education). CARE 1 is titled Early Identification of Handicapped Children and was developed as a complete college level computer-assisted instruction course dealing with the identification and diagnosis of handicapping conditions in children. The course was aimed toward preschool and primary level teachers of seemingly typical children.

CARE 1 was completed in late 1970 and has been providing instruction for teachers and other educational personnel since that time. Approximately 4,000 persons completed the course during the first three years that it was in existence.

This document reports on the development of two more courses in special education. These courses, CARE 2 and CARE 3, are collectively titled Diagnostic Teaching of Preschool and Primary Level Children. The courses are designed to equip teachers with some basic knowledge about handicapped children so that they might provide better educational programs for those children. Advanced computer technology, branching programs, and extensive pretesting make CARE 2 and CARE 3 suitable for persons with widely varying training and experiences with the handicapped. The courses are useful for preschool teachers and aides who perhaps have not had the opportunity to receive a formal college training program in education. Both CARE 2 and CARE 3 are suitable for regular inservice teachers. Finally, CARE 2 and CARE 3 are appropriate for preservice regular and special education teachers as a first course in methods of teaching handicapped children.

CARE 2 and CARE 3 were designed to complement two other CAI courses in special education, CARE 1, Early Identification of Handicapped Children and CARE 4, Education of Visually Handicapped Children. CARE 4 was developed by the University of Pittsburgh in conjunction with the Penn State CAI Laboratory. Principal investigators were Professor Ralph Peabody and Majorie Ward of the University of Pittsburgh. Professor Ward has since joined the staff of The Pennsylvania State University. CARE 4, like CARE 1, 2 and 3, was designed to be a first-level course in special education for regular teachers. CARE 4 acquaints regular teachers with the problems (and some of the solutions) encountered when attempting to integrate visually handicapped children into the regular classroom.

Personnel in the Department of Special Education, the Division of Academic Curriculum and Instruction, and the Computer Assisted Instruction Laboratory at The Pennsylvania State University cooperated to develop the CARE 2/3 courses for the IBM 1500 Instructional System. Since completion, the courses have been desseminated by IBM 1500 systems in two mobile computer assisted instruction laboratories operated by Penn State. Those mobile laboratories are used to provide instruction to teachers at a variety of locations away from the main campus. In the past locations, in addition to Pennsylvania, have been Georgia, Indiana, Texas, Illinois, and the District of Columbia. It is anticipated that future locations for the mobile operations will be determined by national needs.

In addition to being used in the two mobile laboratories, the CARE courses are used at the main campus of The Pennsylvania State University and at other universities. The thirty-two stations in the Penn State Resident Instruction laboratory provide instruction in the CARE courses to approximately 500 students during each of the four terms of the school year.

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INTRODUCTION

Syllabus for Diagnostic Teaching of Preschool and Primary Children

This Syllabus is an outline of the content and objectives that are included in the computer-assisted instruction version of The Pennsylvania State University course Education of Exceptional Children 401: Educational Adjustments for Exceptional Children. The course is also referred to as CARE 2/3 (Computer Assisted Remedial Education): Diagnostic Teaching of Preschool and Primary Children.

The purposes and general descriptions of CARE 2/3 are given in Section One of this document. Section Two contains a detailed listing of the content and objectives taught in the course. In general, persons who take CARE 2/3 are expected to assimilate and use the concepts listed in Section Two in order to carry out the CARE 2/3 Diagnostic Teaching Model which is described in Section One of this document. Thus, the thrust of CARE 2/3 is to provide educational personnel with a systematic procedure for making educational decisions about children in their care.

Development of this CAI course was carried out under a grant from the Bureau of Education for the Handicapped, United States Office of Education, Project No. OEC-0-72-0653(607). Project directors were G. Phillip Cartwright and Carol A. Cartwright.

SECTION ONE

Purposes and General Description of CARE 2/3: Diagnostic Teaching of Preschool and Primary Children

Purpose

Two highly related courses were developed on this project. These courses are called CARE 2 -- Diagnostic Teaching of Preschool Children; and CARE 3 -- Diagnostic Teaching of Primary Level Children. Both courses were developed for administration by computer assisted instruction, specifically on the IBM 1500 instructional system.

The courses were developed for use with inservice teachers, day care workers, and aides, as well as for preservice teachers who are in training to become instructors in regular or special classes.

The major goal of both courses is to teach regular, elementary and preschool preservice and inservice teachers how to work effectively with children who have learning problems because of mild handicapping conditions. The teaching of children who have vision, hearing, or physical impairments is not covered in these courses. Upon completion of either of the courses, teachers will have achieved the objectives listed in Table 1. These objectives are directly correlated with the decision process flowchart appearing in Figure 1. The objectives and the flowchart together are termed the Diagnostic Teaching Model. This model is a generalized prescriptive or clinical teaching model and is the heart of the courses. All content and strategies throughout the courses are directly related to the various steps and philosophy outlined in the model.

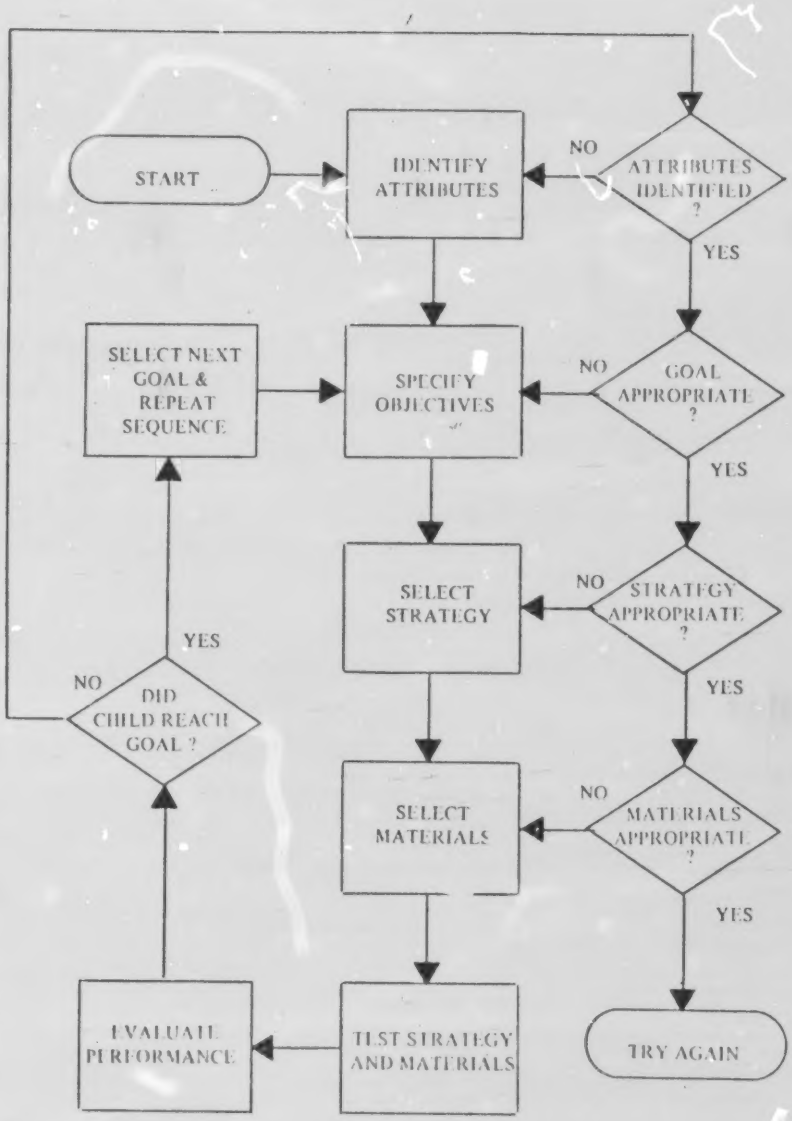


Figure 1. CARE 2/3 Diagnostic Teaching Model Flowchart.

Table 1
Major Objectives of CARE 2/3

Persons who complete CARE 2 or 3 should be able to:

A. Identify characteristics of individual children that indicate special teaching or management procedures are required.
B. Specify relevant educational objectives for individual children.
C. Select techniques for effective classroom management.
D. Choose and use specialized teaching strategies for reaching specific objectives for children with varying behavioral and learning characteristics.
E. Choose and use special materials in association with specific strategies.
F. Identify and use appropriate evaluation procedures.
G. Draw upon existing sources of information regarding specialized strategies and materials.
H. Consult with available resource persons for assistance.

Relationships Between Objectives and Decision Process

This project produced two courses which are quite pragmatic in their orientations. The courses used as a unifying theme the CARE 2/3 Diagnostic Teaching Model. All content and strategies selected for inclusion in the course were related to the Diagnostic Teaching Model.

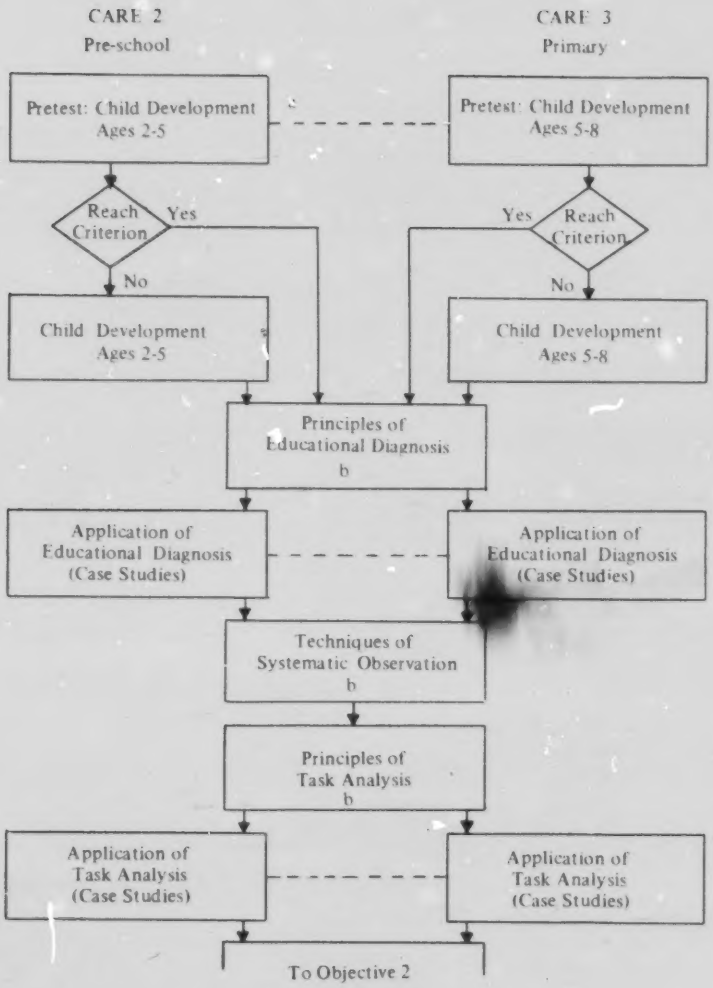
A modular approach was used in the development of the courses. The two courses contain certain information, procedures, and strategies which are common to both courses. In the instances where common material was required, an author prepared a single chapter which was then slightly modified to meet the needs of the varying age groups. Both within the chapters and in other locations in the course, specific applications to different age groups are made. A conceptualization of

the modular approach is given in Figure 2. For example, part of each course was directed toward having teachers become familiar with some of the broad management strategies that are embodied in the behavior modification approach. The principles presented are the same for both CARE 2 and CARE 3. However, the examples and the simulated case studies in which students apply the principles are different for the two courses. In CARE 2, students are given practice with case studies dealing with children ages 2-5; similarly, CARE 3 students are given examples dealing with children in the primary grades. There are, of course, areas in which such commonality does not exist. In those instances, separate chapters were developed or a special chapter related to one age group was developed. (For example, Reading for CARE 3; Day Care Theory and Application for CARE 2.)

The courses are divided into ten modules. With the exception of the first module which is introductory, each of the modules is accompanied by a pretest and a posttest. The pretest permits a student to test out of one or more of the portions of the module. The modules are divided into one to five chapters. Each chapter is further divided into smaller sections. Finally, each of the sections has one or more specific objectives related to it.

There is a strong relationship between the ten parts or modules of the courses and the eight major course objectives. The titles of the modules and 31 Chapters are in Tables 2 and 3.

As is illustrated in Figure 2, CARE 2 and CARE 3 have chapters covering the same general content. However, there are separate application sections for each course. The application sections for CARE 2 deal with children ages 2 to 5; CARE 3 covers children ages 5 to 8.



[a] Dashed line indicates that the same format is used for both courses; teaching strategy (and programing) are the same but content differs.

[b] Basic content and strategies are the same for both.

Figure 2. Relationship Between CARE 2 and CARE 3 Modules.

Table 2

CARE 2: Diagnostic Teaching of Preschool Children

Chapter	Title
Part I - Introduction	
1	Introduction to CARE 2/3
2	Summary of CARE 1
3	Diagnostic Teaching Model*
Part II - Child Development	
4	Important Concepts of Child Development
5	Motor Development - Infancy to Age 5
6	Intellectual Development - Infancy to Age 5
7	Social-Emotional Development - Infancy to Age 5
8	Language Development - Infancy to Age 5
Part III - Identifying Relevant Characteristics of Children	
9	Important Concepts About Educational Evaluation
10	Important Concepts About Educational Diagnosis
11	Systematic Observation
Part IV - Specification of Goals and Objectives	
12	Formulating Instructional Objectives
13	Task Analysis
Part V - Instructional Procedures	
14	Factors to be Considered in Planning Instruction
15	Behavior Modification
16	Open Education
17	Comparison of Open Education and Behavior Modification
Part VI - Selection & Retrieval of Instructional Procedures and Materials	
18	National Network of Instructional Materials and Regional Media Centers
19	Computer-Based Resource Units
20	Prescriptive Materials Retrieval System
21	Fountain Valley Teacher Support System (Optional)

*Beginning with this chapter there is a differentiation between CARE 2 and CARE 3. Although the same general concepts are taught in chapters common to CARE 2 and CARE 3, applications and examples are tailored to the age groups addressed in each course.

Table 2 - Continued

Chapter	Title
Part VII - Application of the Diagnostic Teaching Model	
22	Language Development
23	Reading (Optional)
24	Mathematics
25	Social-Emotional Development
26	Motor Development
Part VIII - Resources	
27	Using Resource Persons: Roles, Referral Statements and Follow-Up
28	Parent Education
Part IX - Day Care	
29	Day Care Theory
30	Day Care - Application
Part X - Summary	
31	Summary of CARE 2

Table 3

CARE 3: Diagnostic Teaching of Primary Children

Chapter	Title
Part I - Introduction	
1	Introduction to CARE 2/3
2	Summary of CARE 1
3	Diagnostic Teaching Model*
Part II - Child Development	
4	Important Concepts of Child Development
5	Motor Development - Ages 5 - 8
6	Intellectual Development - Ages 5 - 8
7	Social-Emotional Development - Ages 5 - 8
8	Language Development - Ages 0 - 5 (Optional)
Part III - Identifying Relevant Characteristics of Children	
9	Important Concepts About Educational Evaluation
10	Important Concepts About Educational Diagnosis
11	Systematic Observation
Part IV - Specification of Goals and Objectives	
12	Formulating Instructional Objectives
13	Task Analysis
Part V - Instructional Procedures	
14	Factors to be Considered in Planning Instruction
15	Behavior Modification
16	Open Education
17	Comparison of Open Education and Behavior Modification
Part VI - Selection & Retrieval of Instructional Procedures and Materials	
18	National Network of Instructional Materials and Regional Media Centers
19	Computer-Based Resource Units
20	Prescriptive Materials Retrieval System
21	Fountain Valley Teacher Support System

*Beginning with this chapter there is a differentiation between CARE 2 and CARE 3. Although the same general concepts are taught in chapters common to CARE 2 and CARE 3, applications and examples are tailored to the age groups addressed in each course.

Table 3 - Continued

Chapter	Title
Part VII - Application of the Diagnostic Teaching Model	
22	Language Development
23	Reading
24	Mathematics
25	Social-Emotional Development
26	Motor Development
Part VIII - Resources	
27	Using Resource Persons: Roles, Referral Statements and Follow-Up
28	Parent Education
Part IX - Day Care	
29	Day Care Theory (Optional)
30	Day Care - Application (Optional)
Part X - Summary	
31	Summary of CARE 3

Objective A. In large measure, the competency for the first objective (A) and the first step of the Diagnostic Teaching Model involve a recapitulation of the competencies and content of the Identification Model (CARE 1). The focus is on enabling the teacher to determine specific educational needs and relevant characteristics for individual learners. Many of the generalizations and data collection techniques used with the Identification Model are applicable to objective A. Chapters related to this objective are Chapters 2, 4, 5, 6, 7, 8, and 13.

The selection, administration, and interpretation of published diagnostic tests and procedures for designing, using, and interpreting teacher-constructed diagnostic tests are involved in objective A. General principles related to this topic are taught in Chapters 3, 9, 10, and 14. Specific tests and procedures are taught in Chapters 21-25. In many instances, however, a formal diagnostic procedure will not yield adequate information about a learner. Therefore, teachers need to have competency in the general area of observation skills. Teachers should be able to set up the environment as a "test" for certain observable behavioral outcomes, determine which observable behaviors will be recorded, and design records for collecting observational data. Information on this topic is presented in Chapters 11 and 13.

Objective B. After specific needs and relevant characteristics for an individual learner have been determined, the teacher should be ready to move the child forward by specifying appropriate objectives for the child. This is the competency for objective B and the second step in the model. Chapter 12 is devoted to this topic. A knowledge of the child's competencies (gained from objective A) should be involved in determining which target behaviors are appropriate for a child. The teacher should be able to formulate objectives in terms of observable behaviors to be displayed by the learner, the conditions under which the behavior is to be exhibited, and the criteria for an acceptable performance. In order to formulate appropriate objectives, teachers should be able to perform task analyses of several broad areas including academic, social-emotional, and motor areas. Successful completion of Chapter 13 should give the teacher the competency to delimit and sequence specific behavioral objectives.

Objective C. For successful implementation of the third level (and objective C) of the Diagnostic Teaching Model, the teacher needs to become aware of the range of instructional procedures available for effectively managing the educational problems of children. The principles of behavior modification (Chapter 15) should be especially useful for implementing this competency. In addition to behavior modification, other information which is related to objective C includes topics such as setting limits, developing routines, providing learning and behavioral models, and the physical arrangement (furniture, materials, storage, dividers, etc.) of the classroom, and techniques of communicating with young children to promote mental health. Information on these topics is presented in Chapters 14, 16, 17, 27-30.

Objectives D and E. Competencies for objectives D and E are concerned with the teacher's ability to select and use specialized teaching strategies and associated special materials (Chapters 18-26). In contrast, objective C concerns effective classroom management and involves general procedures which would be appropriate for use with a variety of problems (both learning and behavioral) and for learners with a variety of characteristics and needs.

Objectives C, D, and E, and the third, fourth, and fifth steps in the individualized teaching process, focus the teacher's attention on general and specific instructional procedures that might be employed to assist the child in the regular classroom in order to accomplish the educational objectives which have been described for him by the teacher.

All teachers have a sampling of specialized strategies and materials in their repertoires. It is probably not possible to expect comprehensive knowledge of published and teacher-developed strategies and materials. Rather, the emphasis should be on grasping the underlying principles involved in making a match between the unique characteristics and needs of the learner and the unique properties of the strategy and materials.

The fifth step in the model and the competency for objective E requires that the teacher select an appropriate instructional device, and, with a preferred instructional methodology, try out the prescription with a child on whom a diagnosis has been made. The teacher who satisfactorily attains the competencies for objectives A through E will be prepared to write a preventive or remedial prescription for individual children who evidence a wide range of existing or incipient educational problems. The teacher will be able to collect pertinent

data, recognize when to seek the advice of consultants and other resource people, generate pertinent educational objectives that are appropriate to various situations, evaluate which educational methodology seems appropriate for individual children, and consider the instructional devices that might be used to facilitate the accomplishment of the educational goals for individual children.

Objective F. The teacher competency associated with objective F and with the sixth step in the process, to identify and use appropriate evaluation procedures, is especially pertinent in view of the experimental nature of a diagnostic teaching situation. Since there is no formula one can apply in order to select a teaching strategy for a learner, any match between learner needs-characteristics and strategy-material is tentative and must be checked out on an empirical basis. For this reason, the published, and especially the teacher-constructed devices used for evaluation which yield immediate information about performance are emphasized. Interpretation of evaluative data and implications for changing strategy and materials and/or objectives derived from the evaluative data are stressed throughout the course.

Teachers should be able to decide upon the appropriateness of various evaluative techniques; make decisions concerning adjustments that need to be made in goals, methods, and/or materials, consider what additional resources and/or consultants might be helpful in deciding on an effective and efficient educational and management program; and review the steps that might be taken to organize school personnel and parents of the children. (Chapters 27-30).

Objectives G and H. Competencies for objectives G and H are highly related to those for objectives D and E. A great variety of strategies and materials for young children are currently being described and published by a variety of sources. It is incumbent upon the teacher to be aware of the available information since a teacher cannot be expected to develop new specialized and unique strategies and materials for all the children in the class. Therefore, the teacher should be expected to know the resources which are available concerning retrieval of instructional strategies and materials. There is a need for an awareness of the kind of descriptors required for information retrieval and a need to know what type of information can be expected from the retrieval system. That need is addressed in Chapters 18-21. Chapter 27 is directly related to objective H.

If the diagnostic teaching is successful, an affirmative response to the question: "Did child reach the goal?", will be forthcoming. The same sequence of behaviors is then followed again for the next objective for the child. If the child did not reach the goal, the model indicates the type of systematic analysis needed in order to determine which step in the diagnostic teaching sequence was in error. If an error is found to be associated with one of the steps in the process, the teacher simply cycles back and re-enters the system at the error point, corrects the original error, and continues again through the main sequence of diagnostic teaching behaviors.

Supplementary Materials

Textbook. A 531 page textbook (handbook) was written especially for CARE 2/3. Its title is Diagnostic Teaching of Preschool and Primary Children. The text was prepared from the manuscripts and objectives that authors used in developing their chapters. This textbook has two functions: 1) It is a guide for the student while he takes the course. Students are encouraged to read a given chapter in the textbook before they take the chapter by computer. Typically, students keep the textbook with them as they work with the CAI system. They page along in the textbook as they receive tutorial instruction by the computer and underscore important passages in the textbook. Furthermore, they use the margins and blank pages provided in the textbook for notes related to the course. Thus, the textbook becomes a very personal document for each of the participants. Upon conclusion of a module, the students use the textbook summaries to study for the 7 quizzes in the course. Also, the students use the textbook to study for the final examination. 2) Besides the detailed summaries of course content, the textbook includes reference materials, such as charts, tables, student cummulative records, examples of evaluation devices, definitions, and samples of key graphic material from the course. At the end of each chapter in the textbook there is an up-to-date list of content-related references.

Prescriptive Materials Retrieval System: Educational Descriptor Dictionary. Chapter 20 of CARE 2/3 is an explication of the Prescriptive Materials Retrieval System. Through the excellent cooperation of the Select-Ed Company, Olathe, Kansas, we were able to photograph various components of the Prescriptive Materials Retrieval System. Furthermore, the Company has made available quite a number of

their Educational Descriptor Dictionaries to us free of charge to give to students who complete the CARE 2/3 courses. Thus, students will receive detailed instruction on how to use the Prescriptive Materials Retrieval System and will have the Educational Descriptor Dictionary to keep after they conclude their interaction with the CAI course of instruction.

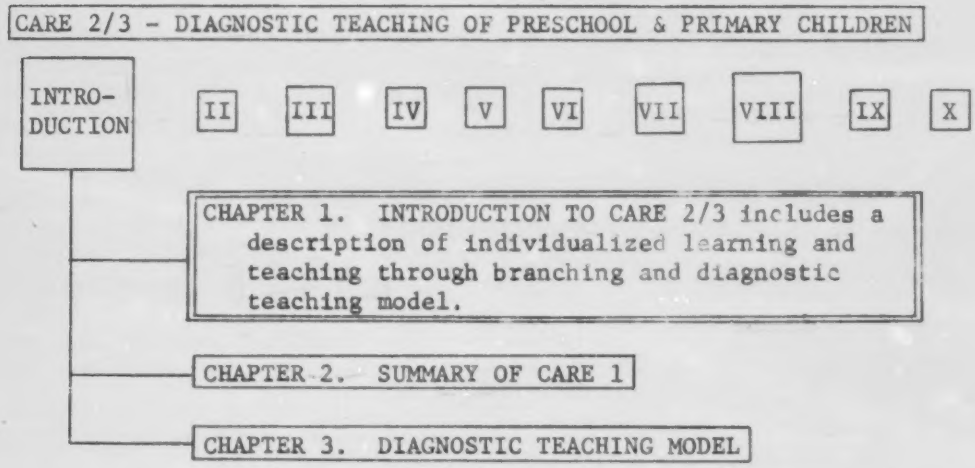
Fountain Valley Teacher Support System (FVTSS). Richard L. Zweig, Associates, Huntington Beach, California, were kind enough to give us permission to reproduce parts of their Fountain Valley Teacher Support System in Reading. In Chapter 21 of CARE 2/3 is a detailed explanation of how to use this retrieval system. Special arrangements have been made with the Company to enable us to purchase copies of the FVTSS Teachers Manual. The Teachers Manual is used by the students as they learn about the system. The students then take the Teachers Manual with them after they conclude the course.

SECTION TWO

Content and Objectives of CARE 2/3: Diagnostic Teaching of Preschool and Primary Children

CARE 2/3 DIAGNOSTIC TEACHING OF
PRESCHOOL AND PRIMARY CHILDREN

Introduction	Child Development	Identifying Relevant Characteristics of Children	Specification of Goals and Objectives	Instructional Procedures	Selection & Retrieval of Instructional and Materials	Application of the Diagnostic Teaching Model	Resources	Day Care	Summary
I	II	III	IV	V	VI	VII	VIII	IX	X
Preface	4 Important Concepts of Child Development	9 Important Concepts about Educational Evaluation	12 Formulating Instructional Objectives	14 Factors to be Considered in Planning Instruction	18 IMC/RMC Network	22 Language Development	27 Using Resource Persons: Roles Referred Statements & Followup	29 Theory	
1 Intro to CARE 2/3	5 Motor Development	10 Important Concepts about Educational Diagnosis	13 Task Analysis	15 Behavior Modification	19 Computer-Based Resource Units	23 (Reading)	28 Parent Education Programs	30 Application	
2 Summary of CARE 1	6 Intellectual Development	11 Systematic Observation		16 Open Education	20 Prescriptive Materials Retrieval System	24 Mathematics			
3 Diagnostic Teaching Model	7 Social-Emotional Development			17 Comparison of Open Education and Behavior Modification	21 (Fountain Valley)	25 Social & Emotional Development			
	8 Language Development					26 Motor Development			


CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN
INTRO-DUCTION
II
III
IV
V
VI
VII
VIII
IX
X
CHAPTER 1. INTRODUCTION TO CARE 2/3 includes a description of individualized learning and teaching through branching and diagnostic teaching model.
CHAPTER 2. SUMMARY OF CARE 1
CHAPTER 3. DIAGNOSTIC TEACHING MODEL

PART I

Introduction

Chapter 1

INTRODUCTION TO CARE 2/3

Objective[1]

Content[2]

A. Introduction to C.A.I.
   1. Description of the individualized tutorial mode of instruction used for CARE 2/3 via CAI
   2. Illustration of the branching program made possible by CAI and discussion of how it provides for mastery learning
   3. Presentation of the entire CARE series, indicating CARE 2/3's role within it

B. Diagnostic teaching
   1. Brief history of individualized instruction
   2. Purposes of Diagnostic Teaching
   3. Competencies the student will possess upon completion of the course
   4. The relationship between Diagnostic Teaching and the "mainstreaming" concept

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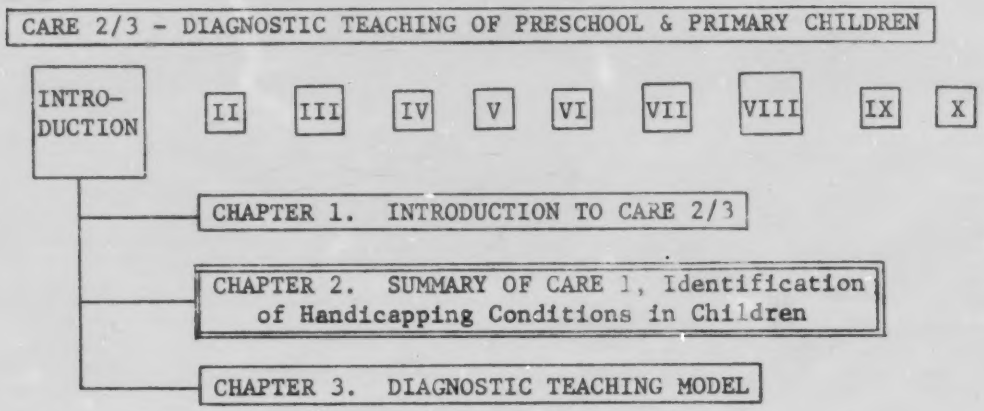
[1]Major objectives that are tested by quizzes or examination items.

[2]All objectives, including enabling objectives, in the course are implicit in the listing of content. Students are continuously responding to questions designed to test their mastery of these ideas.


CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN
INTRO-DUCTION
II
III
IV
V
VI
VII
VIII
IX
X
CHAPTER 1. INTRODUCTION TO CARE 2/3
CHAPTER 2. SUMMARY OF CARE 1, Identification of Handicapping Conditions in Children
CHAPTER 3. DIAGNOSTIC TEACHING MODEL

PART I

Introduction

Chapter 2

SUMMARY OF CARE 1

Objective	Content
Indicate that early identification of learning problems prevents them from becoming serious.	A. It is important to identify the problems of children as early as possible
	B. Inferences about children's underlying problems must be based on observable behaviors
Supply the channel in the Information Processing Model which can be directly observed.	1. The Educational Information Processing Model (input, information processing, output) is a useful conceptualization of learning
Specify the amount of behavioral data the teacher should strive to collect.	2. It is important to gather as much behavioral data as possible before making inferences
Identify two reasons why behavioral data should not be used to label the child's underlying problems.	C. Using behavioral information as a diagnostic tool is preferred to attempting to label the child's problem
	1. Children displaying the same behaviors may have different underlying problems
	2. Children displaying very different behaviors may have the same underlying problems
Recognize the inter-relatedness of different areas of functioning.	3. A child's disability in one area of functioning may reduce his effectiveness and cause problems in other areas of functioning.
	D. The content of CARE 2/3 is a logical continuation of CARE 1.

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

Intro. I | II | III | IV | V | VI | VII | VIII | IX | X

- CHAPTER 1. INTRODUCTION TO CARE 2/3
- CHAPTER 2. SUMMARY OF CARE 1
- CHAPTER 3. DIAGNOSTIC TEACHING MODEL
  A scheme for planning, carrying out, and evaluating a program of diagnostic teaching.
  - The teacher takes steps to specify, select procedures, select material, try out, and evaluate.
  - The teacher must decide if the relevant characteristics identified, goals, strategy, and materials necessary to try again or seek outside help.
  - This sequence creates systematic behavior in the classroom.

PART I

Introduction

Chapter 3

DIAGNOSTIC TEACHING MODEL

Objective[1]

Content

A. Purposes of diagnostic teaching
   1. Prevent learning problems
   2. Correct existing problems
   3. Enhance learning assets

B. Step 1: Identifying relevant attributes of the child
   1. The more information known about the child, the greater the probability that all the child's relevant attributes will be identified
   2. Some attributes affecting the learning situation may not be immediately obvious
   3. The search is begun with characteristics which are logically related to the problem. However, other areas must also be explored to provide a complete profile on the child

C. Step 2: Specifying objectives
   1. Objectives should be stated in terms of observable behaviors
   2. Objectives should meet the child's needs
   3. Objectives should be stated in simple, small steps
   4. Objectives should build to a larger goal

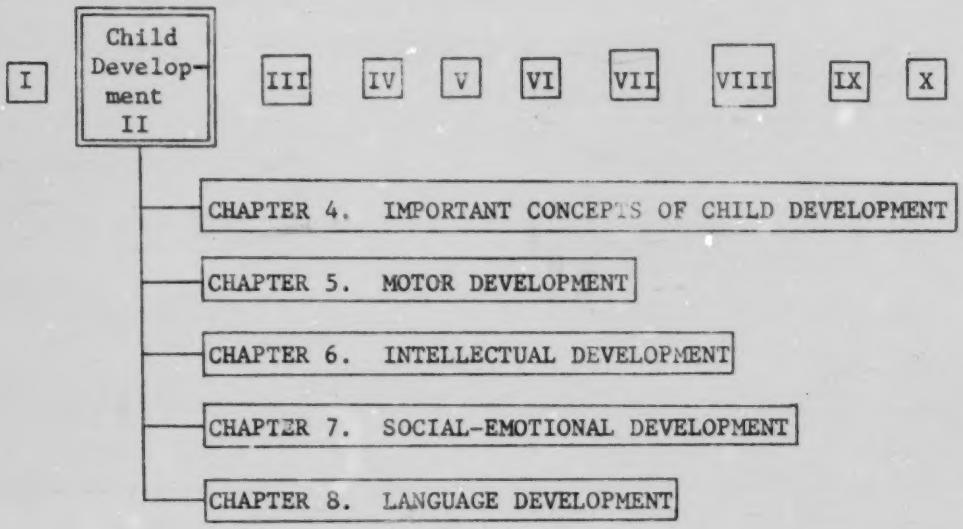
---

[1]Since all concepts presented in this introductory chapter are expanded and tested in later chapters, no objectives specific to this chapter have been written. This chapter presents an overview of the model and series to organize information related to the model.

Part I - Introduction - Chapter 3 - Continued

Objective	Content
	D. Step 3: Selection of an instructional strategy
	1. The strategy should begin at the child's present level
	2. It should insure the objectives
	3. It should stimulate the child
	4. It should proceed in small steps
	5. It should match relevant attributes of the child to the objectives
	E. Step 4: Selection of materials
	F. Step 5: Test strategy and materials, i.e. implement the program with the child
	G. Step 6: Evaluate performance, i.e. observe whether child has met the objectives
	H. Follow-up courses of action
	1. If objectives met, teacher specifies new objectives and goes through sequence again
	2. If objectives not met, teacher analyzes efforts at each step in the model
	a. If error is found, teacher re-designs program and implements it again
	b. If error not found or re-designed program still fails, teacher seeks help from resource personnel

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN



PART II

Child Development

PREFACE

Objective	Content
Identify a description of a "developmental sequence".	A. A developmental sequence is the order in which new skills or behaviors are learned 1. The rate at which the skills are learned varies 2. The order in which the skills are learned does not vary
Recognize examples of the three major ways children learn new things.	B. The term "learning" refers to three different situations: 1. The child acquires new things by being told about them 2. The child acquires a new behavior by imitation 3. The child acquires new information or skills through his own direct experience

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

I | Child Development II | III | IV | V | VI | VII | VIII | IX | X

- CHAPTER 4. IMPORTANT CONCEPTS OF CHILD DEVELOPMENT are used as a frame of reference by which normal child development can be assessed.
  - Behavior changes associated with goals which are pertinent to adult behaviors are considered child development.
  - Development is examined by studying the products and processes.
  - The three major developmental concepts are differentiation, individual differences, and socialization.
- CHAPTER 5. MOTOR DEVELOPMENT
- CHAPTER 6. INTELLECTUAL DEVELOPMENT
- CHAPTER 7. SOCIAL-EMOTIONAL DEVELOPMENT
- CHAPTER 8. LANGUAGE DEVELOPMENT

PART II

Child Development

Chapter 4

IMPORTANT CONCEPTS OF CHILD DEVELOPMENT

Objective	Content
	A. The concept of development is defined as change with a goal
	1. Developmental products are what has changed
	2. Developmental processes are the means by which the change comes about
	B. There are general developmental trends which are applicable to many kinds of behaviors
Identify the definition of the term differentiation.	1. Differentiation starts with a simple, global behavior and transforms it into many complex behaviors
	2. Individual differences
Identify the definition of individual differences.	a. Children of the same age and sex frequently show differences in their behavior
Specify the age trend shown in individual differences.	b. As children grow older, there are more and more opportunities to show individual differences because
	1. They are learning more behaviors on which it is possible to show differences
	2. Children develop at varying rates
	3. No one grows up in exactly the same environment as anyone else
	3. Socialization
Identify the definition of the term socialization.	a. The term is defined as learning to conform to the rules of society

Part II - Child Development - Chapter 4 - Continued

Objective	Content
Recognize that most behaviors are influenced by socialization.	b. Socialization affects virtually all kinds of behavior
Identify the two primary agents of socialization.	c. Parents and peers are the groups of people primarily responsible for socializing the child

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

I | Child Development II | III | IV | V | VI | VII | VIII | IX | X

- CHAPTER 4. IMPORTANT CONCEPTS OF CHILD DEVELOPMENT
- CHAPTER 5 MOTOR DEVELOPMENT is learning to control muscles of the body so that the movements of the body can be controlled.
  - There are two major types of motor skills: GROSS and FINE.
  - From birth to five the child is developing the basic or fundamental skills.
  - At the primary level motor achievement centers around the application of fundamental skills to new situations and the increase of strength and speed
- CHAPTER 6. INTELLECTUAL DEVELOPMENT
- CHAPTER 7 SOCIAL-EMOTIONAL DEVELOPMENT
- CHAPTER 8. LANGUAGE DEVELOPMENT

PART II

Child Development

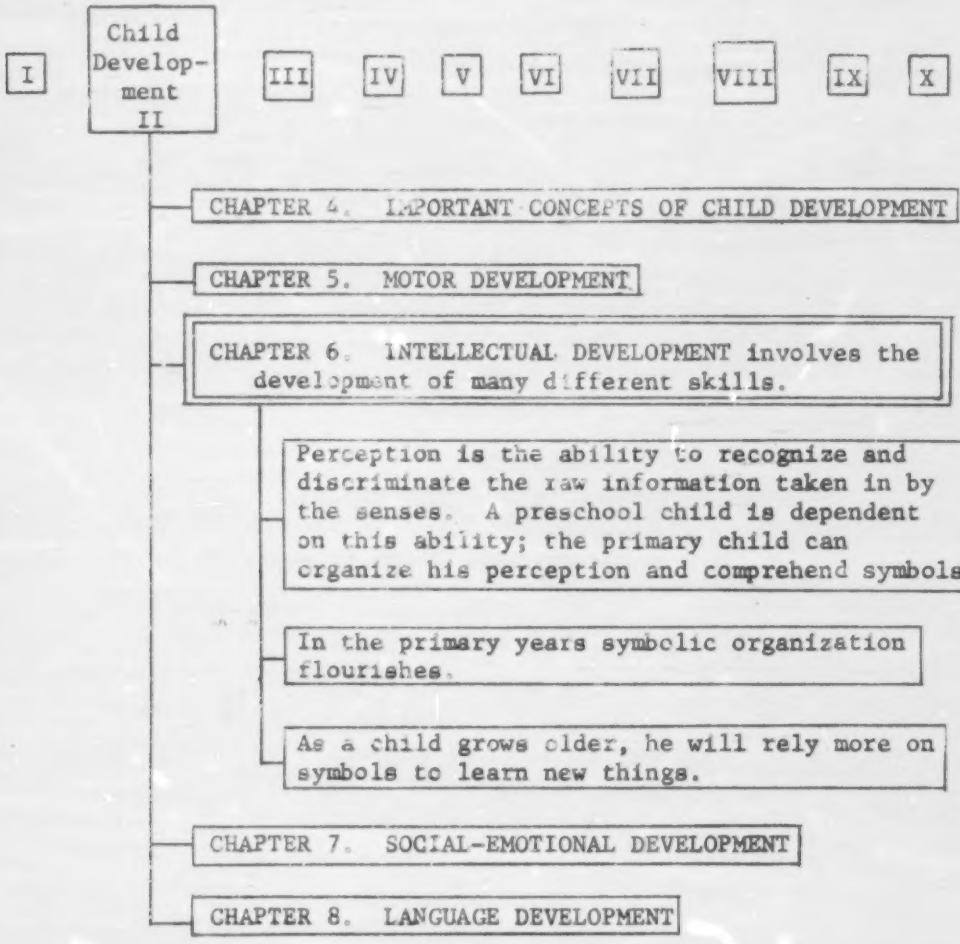
Chapter 5

MOTOR DEVELOPMENT

Objective	Content
	A. Motor development defined
	1. A motor behavior is any voluntary movement a person makes with any part of his body
Identify the definition of motor development.	2. Motor development involves learning to control the muscles so that voluntary movement is possible
Distinguish fine motor behaviors from gross motor behaviors.	B. Two types of motor behaviors
	1. Fine motor behaviors involve small movements of the fingers and hands
	2. Gross motor behaviors involve large movements of the whole body, particularly arms and legs
Recognize the three fine motor skills developing during the preschool years.	C. Fine motor development during the preschool years
	1. Tower-building
	2. Copying designs
	3. Free-hand drawing
Recognize the two basic types of gross motor skills developing during the preschool years.	D. Gross motor development during the preschool years
	1. Running, jumping, hopping, skipping, and kicking
	2. Throwing and catching
Recognize the two general motor accomplishments of the primary years.*	E. Major motor accomplishments of the primary years
	1. Increasing strength and speed
	2. Application of basic skills to games and sports

*Objective tested for CARE 3 students only.

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN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Child Development II
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CHAPTER 4. IMPORTANT CONCEPTS OF CHILD DEVELOPMENT
CHAPTER 5. MOTOR DEVELOPMENT
CHAPTER 6. INTELLECTUAL DEVELOPMENT involves the development of many different skills.
Perception is the ability to recognize and discriminate the raw information taken in by the senses. A preschool child is dependent on this ability; the primary child can organize his perception and comprehend symbols.
In the primary years symbolic organization flourishes.
As a child grows older, he will rely more on symbols to learn new things.
CHAPTER 7. SOCIAL-EMOTIONAL DEVELOPMENT
CHAPTER 8. LANGUAGE DEVELOPMENT

PART II

Child Development

Chapter 6

INTELLECTUAL DEVELOPMENT
CARE 2 Only*

Objective	Content
	A. View of intellectual development
	1. Intelligence can be conceptualized in many ways
Indicate one useful view of intelligence.	2. One useful view is that intelligence represents the way a person goes about solving problems
Select the definition of intellectual development.	3. Intellectual development is the replacement of clumsy problem-solving strategies with more efficient strategies.
State the two problem-solving tools possessed by preschool children.	B. Problem-solving tools in preschool children
Identify the definition of the term "perception."	1. Perception
	a. Defined as the ability to recognize and discriminate the raw information taken in by the senses
	b. Allows the child to make some sense out of the variety of stimuli he is receiving
Supply the major limitation of perception as a problem-solving tool.	c. Is limiting because it is not logical
	2. Symbols
Identify the definition of "symbols."	a. Abstractions that take the place of (stand for) real objects, events, and relationships

*This version of Chapter 6 deals with children ages 2-5.

Part II - Child Development - Chapter 6 - Continued

Objective	Content
Select the most common type of symbols used by preschoolers.	b. Most common type of symbols that preschoolers can be seen using is words
Indicate the major advantage of symbols as a problem-solving tool.	c. Major advantage of symbols is that the child can think and talk about things not immediately present
Given a series of tasks, categorize them according to type and age.	C. Examples of perceptual and symbolic development in the preschool years 1. Differentiating perceptual problems from symbolic problems a. Formboard, picture completion, copying tasks b. Naming and describing objects, verbal analogies tasks 2. Distinguishing age trends a. Perceptual differentiation b. Growth of word usage
Identify the tool which supercedes perception during the primary years.	D. The primary years 1. Perception superceded by logic 2. Continued development of symbols

PART II

Child Development

Chapter 6

INTELLECTUAL DEVELOPMENT
CARE 3 Only*

Objective	Content
	A. The concept of intelligence
	1. Consists of many different skills rather than one general ability
Identify the way in which intelligence is similar to other areas of development.	2. Intelligence develops just as other areas of behavior develop
	3. Intelligence is not the same as IQ
	a. IQ is a score reflecting performance on a test
	b. Some, but not all, intellectual skills are needed to do the tasks composing the test
	B. Major intellectual skills
	1. Perception
	a. The ability to recognize and discriminate the raw information
	b. Allows the young child to make sense out of his physical world
	c. Is limiting, however, because physical phenomena do not always operate the way they appear to
Select an example of perceptual organization.	2. Perceptual organization
	a. The child accumulates sufficient experience with the physical world to have discovered the rules by which it functions
	b. He can spot incongruencies and arrange material to conform to the rules

*This version of Chapter 6 deals with children ages 5-8.

Part II - Child Development - Chapter 6 - Continued

Objective	Content
	3. Symbols (language) a. Abstract things which represent/stand for real objects, events, and relationships b. Allow the young child to think and talk about things when they are not immediately present
Specify the primary way in which symbols (language) facilitate perceptual development.	c. Facilitate perception by pointing up similarities and differences not previously noted
	4. Symbolic organization a. Like perceptions, symbols are more useful when organized b. Indicators of symbolic organization 1. Retelling a story, keeping the sequence of events in proper order 2. Defining words in terms of the class of things to which they belong 3. Detecting verbal absurdities
Recognize the age changes in the child's ability to manipulate symbolic and perceptual material.	C. Age differences in intellectual skills 1. Preschoolers develop the skills of perception and simple symbolism 2. Primary children develop symbolic and perceptual organization
Recognize that perceptual material is easier to master than symbolic material.	D. Perceptual material is easier to master than symbolic because it is more closely tied to the concrete world

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

I | Child Development II | III | IV | V | VI | VII | VIII | IX | X

- CHAPTER 4. IMPORTANT CONCEPTS OF CHILD DEVELOPMENT
- CHAPTER 5. MOTOR DEVELOPMENT
- CHAPTER 6. INTELLECTUAL DEVELOPMENT
- CHAPTER 7. SOCIAL-EMOTIONAL DEVELOPMENT is the development of a child's relationship with his peers.
  - Children learn to work and play cooperatively in stages: solitary, parallel, associative, cooperative.
  - The establishment of a leader and group norms help children play cooperatively.
  - An accepted child is generally friendly, sociable, cooperative, and self-reliant, while a rejected child tends to be socially withdrawn and indifferent.
  - A child must learn to be aggressive in only certain ways.
  - Differences in interests and activities appear in boys' and girls' play during preschool years.
  - A child's self-concept is related to his direct experience with success and failure and the feedback he receives from others in regards to his strengths and weaknesses.
  - During preschool and primary years, parents teach a child his basic social skills, and peers refine and modify them.
- CHAPTER 8. LANGUAGE DEVELOPMENT

PART II

Child Development

Chapter 7

SOCIAL-EMOTIONAL DEVELOPMENT
CARE 2 Only*

Objective	Content
Indicate the criterion used to decide if a given behavior is a social behavior. Distinguish emotions from social behaviors.	A. Definitions 1. A social behavior is any act that occurs in connection with another person 2. Emotions are feelings inside the person a. They are reactions to events b. They are impulses to action c. They are usually, but not always, connected with social behavior 3. Social-emotional development involves a. Shaping acceptable feelings and behavior toward other people b. Eliminating unacceptable feelings and behavior toward other people
Recognize examples of parallel, associative, and cooperative play.	B. Areas of special interest to social-emotional development 1. Play a. Solitary: the child plays alone b. Parallel: children are absorbed in their own play interests but are physically near each other c. Associative: children converse and share materials, but each works on his own "project" d. Cooperative: each child has certain duties to perform for the game as a whole to succeed

*This version of Chapter 7 deals with children ages 2-5.

Part II - Child Development - Chapter 7 - Continued

Objective	Content
Supply the two main categories of aggressive behavior.	2. Aggressive behavior a. Types of agressive behavior 1. Physical 2. Verbal
Select the category of aggressive behavior which increases during the preschool years.	b. Age trends 1. Physically aggressive behavior decreases during the ages 2-5 2. Verbal aggressiveness increases during the ages 2-5
Identify the predominant characteristics of children who are accepted by their peers.	3. Acceptance by peers a. Accepted children are usually friendly, sociable, cooperative, and self-reliant b. Rejected children are typically withdrawn, indifferent, hostile, or rebellious
List the component skills involved in independence.	4. Independence, a concept comprised of a. Self-help skills b. Communication and locomotion c. Use of tools and utensils d. Occupying one's time
Select two areas of behavior on which preschoolers show sex differences.	5. Sex differences a. Play interests 1. Preschool boys often show marked preferences for masculine activities 2. Girls often do not show a noticeable preference until pre-adolescence b. Aggression 1. Both boys and girls follow the trends outlined under Aggression

Part II - Child Development - Chapter 7 - Continued

Objective	Content
	2. However, boys typically show more of both kinds of aggressiveness than do girls
	6. Self-concept
Identify the definition of self-concept.	a. Defined as the sum of all the child's ideas about himself
	b. Usually derived from experience of success and failure and other people's opinions of the child
	c. Related to child's acceptance by peers and school achievement

PART II

Child Development

Chapter 7

SOCIAL-EMOTIONAL DEVELOPMENT
CARE 3 Only*

Objective	Content
	A. Definitions
	1. Social behaviors are any acts that occur in connection with other people
Differentiate emotions from social behaviors.	2. Emotions are feelings inside the person
	a. They are reactions to events
	b. They are impulses to action
	c. They are usually, but not always connected with social behavior
Indicate the two components of social-emotional development.	3. Social-emotional development involves
	a. Shaping acceptable feelings and behavior towards other people
	b. Eliminating unacceptable feelings and behavior towards other people
	B. Cooperation
	1. Play; a rough index of the child's social-emotional development
	a. Solitary play: the child plays by himself
Identify the key characteristics of parallel, associative, and cooperative play.	b. Parallel play: characterized by children absorbed in their own play interests but playing physically near each other
	c. Associative play: talking and sharing materials but each child working on his own "project"

*This version of Chapter 7 deals with children ages 5-8.

Part II - Child Development - Chapter 7 - Continued

Objective	Content
	d. Cooperative play: each child has certain duties to perform for the game as a whole to suceed
	1. Emerges during the later part of the preschool years
	2. In the primary years, cooperative play extends from dramatic play situations to more complex games such as team sports
	2. Factors facilitating cooperation
	a. Leaders
List the two kinds of group norms that facilitate cooperation among children.	b. Group norms
	1. Norms specifying acceptable and unacceptable behavior
	2. Norms symbolizing membership in identity of the group
	C. Related changes
Identify the predominant characteristics of children who are accepted and children who are rejected by their peers.	1. Acceptance and rejection
	a. Accepted children are frequently friendly, sociable, cooperative and self-reliant
	b. Rejected children are frequently withdrawn, indifferent, hostile, and rebellious
	2. Aggression
	a. Two main types are physical and verbal aggression
	b. Physical aggressiveness is most common to younger preschool children but diminishes as the child grows into the primary years
Select the type of aggressive behavior most common in the primary years.	c. Verbal aggressiveness is less frequent in the preschool years but becomes predominant in the primary years

Part II - Child Development - Chapter 7 - Continued

Objective	Content
	3. Sex differences
	a. Play interests
	1. Boys develop marked preferences for masculine activities in the preschool years
	2. Girls do not develop a stable preference until pre-adolescence
	b. Aggression
	1. Both boys and girls follow the general age trends in aggression outlined above
	2. Boys almost always show a higher level of both kinds of aggression than do girls, regardless of age
	c. Dependency
Recognize an example of dependent behavior.	1. Dependency is defined as seeking attention and approval from adults
	2. Both sexes decrease in dependency as they grow older
	3. During the primary years, boys show more marked decreases in dependency than girls
	4. Self-concept
	a. Consists of all the different ideas a child has about himself
Recall two areas of behavior related to child's self-concept.	b. Related to acceptance by peers and school achievement
	c. Derived from experience of success and failure and from opinions of others

Part II - Child Development - Chapter 7 - Continued

Objective	Content
	D. Parents and peers
	1. Parents lay foundations for social-emotional development
	2. Peers refine and modify the foundations

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

I | Child Development II | III | IV | V | VI | VII | VIII | IX | X

- CHAPTER 4. IMPORTANT CONCEPTS OF CHILD DEVELOPMENT
- CHAPTER 5. MOTOR DEVELOPMENT
- CHAPTER 6. INTELLECTUAL DEVELOPMENT
- CHAPTER 7. SOCIAL-EMOTIONAL DEVELOPMENT
- CHAPTER 8. LANGUAGE DEVELOPMENT is the development of a set of symbols with rules that are shared by a group of people as a tool for communication and problem-solving.
  - Language consists of many parts that develop at different rates.
  - Language development begins with speech sounds.
  - Vocabulary development has two parts - listening and speaking.
  - Grammar development does not usually begin until age two, but by age three, the child's grammar closely resembles his parents'.
  - Language is well established by the time a child enters kindergarten.

PART II

Child Development

Chapter 8

LANGUAGE DEVELOPMENT
CARE 2 Only*

Objective	Content
Supply the four clauses in the definition of language.	A. Definition: Language is. . . 1. A set of symbols 2. With rules for their arrangement 3. That is shared by a group of people 4. For the purposes of communication and as a tool for thought
Recognize the three major parts of language.	B. Levels (parts) of language
Select an example of speech sounds.	1. Speech sounds a. The actual sounds used to produce words b. Lowest rung on the language ladder of skills
Identify the definition of "listening vocabulary."	2. Vocabulary; words the child knows the meaning for a. Listening vocabulary 1. Consists of words child understands when they are spoken to him 2. Develops earlier, faster and is larger than the speaking vocabulary b. Speaking vocabulary; words the child uses in his own speech
Select the clause from the definition of language which corresponds to the meaning of the term "grammar."	3. Grammar 1. Involves arranging words in <u>their proper order according to rules</u>

*This chapter deals with children ages 0-5. It is optional for students who wish to emphasize the study of children ages 5-8.

Part II - Child Development - Chapter 8 - Continued

Objective	Content
Supply the age at which most children have mastered the fundamentals of language.	C. Ages 1. Fundamental skills in speech sounds, vocabulary, and grammar already developed in most children age 5 2. During school years, the size of his listening and speaking vocabularies and the length and grammatical complexities of his sentences will increase

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

I | II | **Identifying Relevant Characteristics of Children** III | IV | V | VI | VII | VIII | IX | X

CHAPTER 9. EDUCATIONAL EVALUATION is the ongoing monitoring of pupil progress through the curriculum.

- ESTABLISH THE CRITERION. The standard or norm by which a pupil's behavior is judged. Proficiency and level must be considered.
  - Recognition, recall, and transfer are the three levels of evaluation.
- SELECTING THE EVALUATION PROCEDURE. Four factors must be considered: validity, reliability, enabling behaviors, and efficiency.
- COLLECTING EVALUATION DATA. There are four times to collect data: while teaching, while practicing, during a child's free time, and in formal test situations.

CHAPTER 10. IMPORTANT PRINCIPLES OF EDUCATIONAL DIAGNOSIS

CHAPTER 11. SYSTEMATIC OBSERVATION

PART III

Identifying Relevant Characteristics of Children

Chapter 9

IMPORTANT CONCEPTS ABOUT EDUCATIONAL EVALUATION

Objective	Content
	Educational evaluation refers to an ongoing monitoring of pupil progress through the curriculum and consists of four components:
	A. Establishing a criterion
Recognize the definition of a criterion.	1. A criterion is the standard or norm against which the child's performance is judged
Identify the two components of a criterion in instructional objectives.	2. The criterion specifies the amount and type of behavior which satisfies the instructional objective
Identify the two factors to be considered when deciding on an appropriate criterion.	3. There are two main factors to be considered when establishing a criterion
	a. Proficiency
	1. The quantitative aspect of a criterion
	2. Represents the point at which the learning is strong enough to be retained
	3. Depends on the nature of the task and the characteristics of the learner
Identify examples of the three levels for which a criterion may call.	b. Level: The type of behavior demanded of the child
	1. Recognition
	2. Recall
	3. Transfer

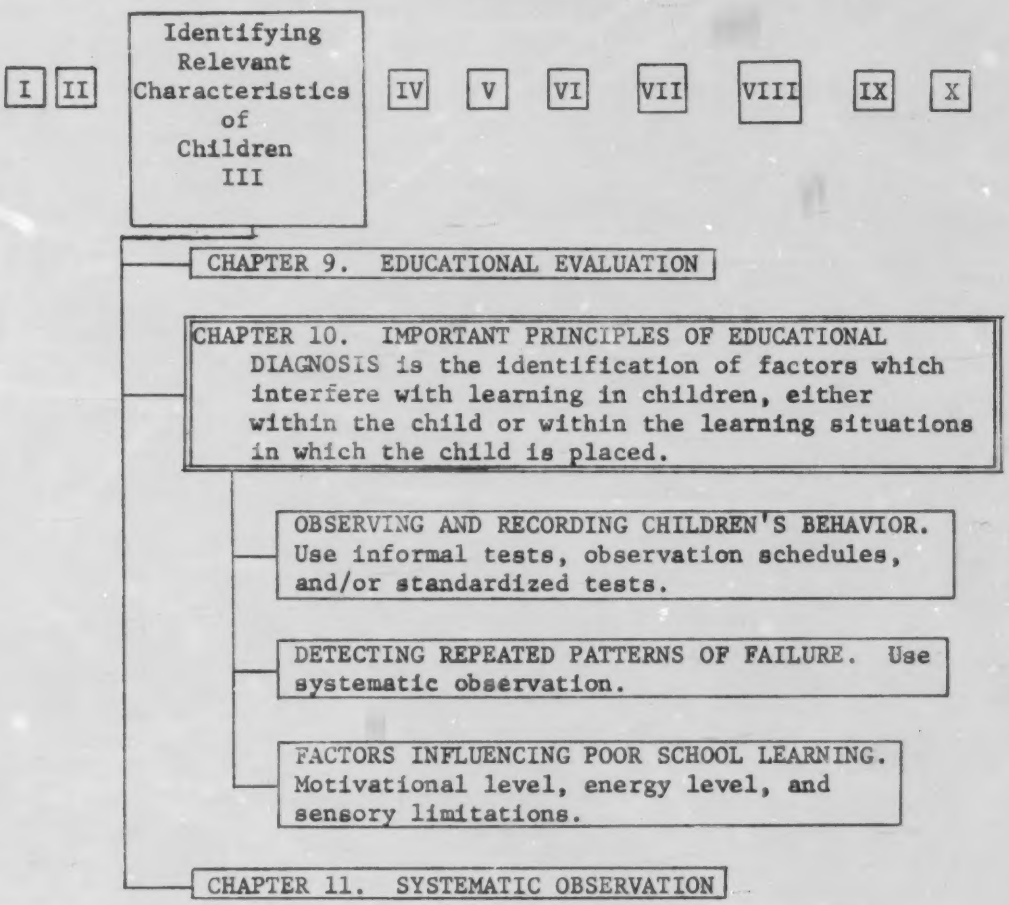
Part III - Identifying Relevant Characteristics of Children -
Chapter 9 - Continued

Objective	Content
	B. Selecting the evaluation procedure
	1. A well-defined objective will specify the evaluation procedure to be used by stating the terminal behavior and the conditions under which the behavior will be demonstrated
Identify the factors involved in selecting evaluation procedures.	2. There are four factors involved in the selection of procedures
Recognize the concept of validity by example or description.	a. Validity
	1. Asks the question, "Are you measuring what you say you are measuring?"
	2. Two of the methods of determining validity
	a. Logical validity: a judgment about the adequacy or appropriateness of the content
	b. Empirical validity: a research-derived decision involving statistical tools
	3. Teacher-made tests depend on logical validity
	b. Reliability
Recognize the definition of reliability.	1. The amount of error involved in measuring a skill, ability, or behavior
	2. Types
	a. Test reliability
	b. Observer reliability
Specify the relationship between reliability and validity.	3. A test must be reliable to be valid; a test that is not valid cannot be reliable

Part III - Identifying Relevant Characteristics of Children -
Chapter 9 - Continued

Objective	Content
	c. Enabling behaviors: the pre-requisites for successful completion of an objective
Recognize an example of the concept of efficiency.	d. Efficiency: the usefulness of the information provided by a given procedure relative to the time and effort it prevents the teacher from expending on other duties
	C. Collecting evaluation data
	1. Times to collect data
	a. Teaching
	b. Practicing
	c. During child's free time
	d. Formal test situations
	2. Data collection formats
	a. Demonstration
	b. Short answer questions
	c. Objectively scored questions
	d. Oral and written statements
Supply the courses of action appropriate when the child has or has not met the objective.	D. Judgments
	1. After data is collected, all that is necessary is to compare the data with the criterion to see if the objective is met
	2. If the objective is met, the teacher goes on to the next objective
	3. If the objective is not met, the teacher must ask. . .
	a. Was the objective actually taught?
	b. Was the objective appropriate?
	c. Were the teaching methods appropriate?
	d. Were the teaching materials appropriate?

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN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CHAPTER 9. EDUCATIONAL EVALUATION
CHAPTER 10. IMPORTANT PRINCIPLES OF EDUCATIONAL DIAGNOSIS is the identification of factors which interfere with learning in children, either within the child or within the learning situations in which the child is placed.
OBSERVING AND RECORDING CHILDREN'S BEHAVIOR. Use informal tests, observation schedules, and/or standardized tests.
DETECTING REPEATED PATTERNS OF FAILURE. Use systematic observation.
FACTORS INFLUENCING POOR SCHOOL LEARNING. Motivational level, energy level, and sensory limitations.
CHAPTER 11. SYSTEMATIC OBSERVATION

PART III

Identifying Relevant Characteristics of Children

Chapter 10

IMPORTANT PRINCIPLES OF EDUCATIONAL DIAGNOSIS

Objective	Content
	A. Educational diagnosis is the identification of factors interfering with learning either within the child or in the learning situation
	B. Procedures
	1. Observation and recording of children's behavior
	2. Detecting repeated patterns of failure
	3. Continuous testing of hypotheses to identify the sources of the child's difficulties
	C. Factors influencing poor school learning
	1. Motivation
	a. The child's willingness to perform a task
Supply two factors likely to cause a lack of motivation.	b. Two factors affecting motivation: interest in task; fear of failure
Identify the four factors affecting energy level.	2. Energy level; factors affecting energy level are. . .
	a. Fatigue
	b. Nutrition
	c. Illness
	d. Drug usage
	3. Sensory limitations (restricted to visual and auditory handicaps)
	a. Visual limitations

Part III - Identifying Relevant Characteristics of Children -
Chapter 10 - Continued

Objective	Content
Recognize an example of a visual acuity problem.	1. Acuity
Recognize an example of a visual capacity problem.	2. Capacity
Recognize an example of a visual versatility problem.	3. Versatility
Recognize an example of auditory acuity.	b. Auditory limitations; acuity is the major auditory problem teachers encounter
	4. Appropriateness of the task (see Chapter 13 for details)
	5. Processing difficulties
Recognize an example of an auditory discrimination problem.	a. Discrimination
	1. Auditory
Recognize an example of a visual discrimination problem.	2. Visual
Recognize an example of a memory problem.	b. Memory
	c. Sequencing
Recognize an example of an auditory sequencing problem.	a. Auditory
Recognize an example of a visual sequencing problem.	b. Visual
	D. General principles
	1. Diagnosis should be individualized
	2. Diagnosis should consider the whole child
	3. Diagnosis should be specific
	4. Diagnosis should be viewed as an on-going process

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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- CHAPTER 9. EDUCATIONAL EVALUATION
- CHAPTER 10. IMPORTANT PRINCIPLES OF EDUCATIONAL DIAGNOSIS
- CHAPTER 11. SYSTEMATIC OBSERVATION is used to diagnose relevant characteristics and to determine the progress of the student towards achievement of the objective.
  - CATEGORIES are the units of behavior that are to be observed. The behaviors may be random or methodological.
  - CODING is the recording of behaviors in some predetermined way.
  - A BEHAVIORAL OBJECTIVE specifies who will do what under what conditions and at what level of performance.

PART III

Identifying Relevant Characteristics of Children

Chapter 11

SYSTEMATIC OBSERVATION

Objective	Content
Specify the two steps in the diagnostic teaching model where observation is a useful tool.	A. Systematic observation is a formal way of collecting information about learners 1. Observation can be used to diagnose relevant attributes and determine progress toward the achievement of objectives 2. The first step in systematic observation is to decide what behaviors are to be observed
Recognize the definition of the term "category" as it applies to systematic observation.	B. Category construction 1. The units of behavior to be observed are called categories
	2. Factors in category construction
	a. Reliability
	1. The ability of the observer to accurately record behaviors such that another observer would obtain the same results
Recall that the number of categories in an observation system affects its reliability.	2. The number of categories in an observation system affects the reliability of the system
State the purpose of "parsimony" in category construction.	b. Parsimony: in general, the fewer categories a system has, the easier it is to interpret the results
	c. Validity
Identify the principle of category construction which allows the teacher to make justifiable interpretations of observational data.	1. Validity is the ability of the category system to collect the amount of quality data needed to make justifiable interpretations about the learner's progress on the objectives

Part III - Identifying Relevant Characteristics of Children -
Chapter 11 - Continued

Objective	Content
	2. Behavior categories must include behaviors relevant to the attainment of the objective
	d. Coding; a form of short-hand for recording pre-determined by the observer
	C. Relation of categories to objectives
Identify the source from which behavior categories are derived.	1. The objective determines what categories of behavior will be observed
Supply the two types of observation required for each objective.	2. Each objective requires observation of two types:
	a. Diagnostic: The categories serve as indicators about the reasons for inadequate learning
	b. Achievement: The categories describe the quality of performance after instruction

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 12. INSTRUCTIONAL OBJECTIVES are statements of intent describing what a learner will do at the end of an instructional sequence.

- STATEMENTS OF CONDITIONS is the environment at the time of instruction.
- TERMINAL BEHAVIOR is the behavior which indicates a successful completion of the instruction.
- CRITERIA is the minimal acceptable performance standards for behavior; includes number, time, process, and product of the behavior.
- GENERAL GOALS are the large objectives from which a number of more specific behavioral objectives are made.

CHAPTER 13. TASK ANALYSIS

PART IV

Specification of Goals and Objectives

Chapter 12

FORMULATING INSTRUCTIONAL OBJECTIVES

Objective	Content
Define "instructional objective."	A. Instructional objectives are statements of intent, describing what a learner will do at the end of an instructional sequence
Recognize the content areas where objectives are appropriate.	1. Objectives can be written for virtually all content the teacher desires to teach
Describe the relationship between general goals and instructional objectives.	2. Relationship of objectives to general teaching goals: a. A general goal can be broken down into several, specific objectives b. Specific objectives must show that the general goal is being achieved
List the three components of an instructional objective.	B. Components of instructional objectives
Identify the characteristics of a criterion.	1. Criteria a. The minimal acceptable performance standards for the behavior b. Four kinds of criteria 1. The <u>number</u> of behaviors 2. The <u>time</u> a behavior takes 3. Characteristics of the <u>process</u> of performing a behavior 4. Characteristics of the <u>product</u> of a behavior
Identify the definition of "conditions" in objectives.	2. Conditions: The situation in which the behavior occurs
Describe what is meant by "terminal behavior" in instructional objectives.	3. Terminal behavior

Part IV - Specification of Goals and Objectives -
Chapter 12 - Continued

Objective	Content
	a. The behavior which indicates the successful completion of the instruction b. Must be an action that can be observed and measured
Skill Development Objectives	
Choose two examples of each component in an instructional objective, given three choices for each.	
Write two examples of each component, given "stock" sentences.	

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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- CHAPTER 12. INSTRUCTIONAL OBJECTIVES
- CHAPTER 13. TASK ANALYSIS is breaking down learning tasks into their component parts to identify necessary skills.
  - A hierarchy of skills is established and used to insure sequencing of instruction.
  - Enroute or enabling behaviors are the prerequisite skills necessary for successful completion of terminal behavior.
  - Entry behaviors are the enroute behaviors a child can already perform.

PART IV

Specification of Goals and Objectives

Chapter 13

TASK ANALYSIS

Objective	Content
Identify the definition of task analysis.	A. Task analysis is the breaking down of learning tasks into their component parts so that the skills involved in performing the task can be identified
Supply the two purposes of task analysis.	1. Task analysis is used to insure proper sequencing of instruction and the diagnosis of special learning needs
Describe the relationship between instructional objectives and task analysis.	2. Precisely written instructional objectives are necessary for task analysis because it starts with the terminal behaviors specified in the objectives
	B. Procedures
Identify an example of an enroute behavior.	1. Identifying enroute (enabling) behaviors
Specify the relationship between enroute and terminal behaviors.	a. The prerequisite skills necessary for the successful completion of the terminal behavior
	b. Identified by working backwards from terminal behavior asking: what skills must the child have to perform this task?
	c. Results in a hierarchy of skills that can be used for instructional sequencing
Identify an example of an entry behavior.	2. Identifying entry behaviors
	a. Are enroute behaviors the child has already mastered
	b. Constitute the starting point for the instructional sequence

Part IV - Specification of Goals and Objectives - Chapter 13 - Continued

Objective	Content
	C. The instructional sequence
	1. Entry behaviors plus enroute behaviors
	2. Mastery of enroute behaviors equals readiness for
	3. Terminal behavior

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 14. FACTORS TO BE CONSIDERED IN PLANNING INSTRUCTION

- The specified task may suggest limitations and new possiblities in the selection of a teaching strategy.
- Characteristics of the child include the motivational and energy levels, the sensory limitations, and processing difficulties.
- Classroom activities should be considered. The four types are: practice for student, presentation of lesson, classroom control techniques, and evaluation procedure.
- Materials selection is determined by the task, the individual child, and the planned activities.
- Administrative details often limit the other four factors.

CHAPTER 15. BEHAVIOR MODIFICATION

CHAPTER 16. OPEN EDUCATION

CHAPTER 17. COMPARISON OF BEHAVIOR MODIFICATION AND OPEN EDUCATION

PART V

Instructional Procedures

Chapter 14

FACTORS TO BE CONSIDERED IN PLANNING INSTRUCTION

Objective	Content
	An instructional strategy is a plan for a series of acts specified by either the teacher, the learner, or both. Five major factors are involved in planning:
Indicate that the nature of of the task affects the methods used in instruction.	A. The task 1. Analysis of prerequisite skills (see Chapter 13) specifies sequence of instruction 2. Type and mode of response called for in objective (see Chapter 12) affects methods to be used
List child characteristics that must be matched by the instructional strategy.	B. Characteristics of the child 1. Instructional strategy must fit the learner's characteristics 2. Patterns of characteristics must be considered. (See Chapter 10 for details) a. Motivation b. Energy level c. Sensory limitations d. Processing difficulties
Recognize the planning of activities as a factor in planning instructional strategies.	C. Activities; plans must include 1. Practice for the learner a. Sufficient for mastery of the task b. Coupled with knowledge of progress 2. Presentation of lesson

Part V - Instructional Procedures - Chapter 14 - Continued

Objective	Content
	a. Accounts for learner characteristics and resources at hand b. Composed of specific steps as outlined in task analysis 3. Classroom control techniques a. Short-term control 1. Signalling 2. Humor 3. Ignoring 4. Out-of-sight 5. Encouragement b. Long-term control 1. Changing physical arrangements 2. Discussion of difficulties 3. Reward systems 4. Built-in evaluation techniques (See Chapter 9)
Indicate how materials are used in planning instructional strategies.	D. Considerations involving materials 1. The specified task 2. How the task is to be taught 3. The child's characteristics
Specify the administrative constraints involved in planning strategies.	E. Administrative details 1. Time 2. Resources 3. School policy
Skill Development Objectives	
Identify what information is missing from descriptions of situations, when certain factors have been omitted.	
Distinguish appropriate from inappropriate strategies, when given information about all five factors in a situation.	

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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- CHAPTER 14. FACTORS TO BE CONSIDERED IN PLANNING INSTRUCTION
- CHAPTER 15. BEHAVIOR MODIFICATION is a way of systematically looking at the consequences of behavior and then organizing the consequences so that desired behaviors will increase and undesirable behaviors will decrease.
  - Observe and take baseline.
  - Specify a target behavior including criterion.
  - Select reinforcers.
  - Implement selected strategy.
  - Evaluate change that occurs.
  - Establish reinforcement schedule.
- CHAPTER 16. OPEN EDUCATION
- CHAPTER 17. COMPARISON OF BEHAVIOR MODIFICATION AND OPEN EDUCATION

PART V

Instructional Procedures

Chapter 15

BEHAVIOR MODIFICATION

Objective	Content
	A. Behavior modification is a way of systematically looking at the consequences of behavior
	1. Used to strengthen desired behaviors, shape new behaviors and eliminate undesired behaviors
	2. Based on the premise that behavior is influenced by its consequences
Identify the definition of learning that is used in behavior modification.	3. Uses a definition of learning as measurable change in behavior that occurs as a result of reinforced experience
	B. Reinforcement
Supply the definition of a reinforcer.	1. A reinforcer is any event following a behavior that increases or maintains the behavior
Distinguish between positive and negative reinforcement.	2. Two basic kinds of reinforcers
	a. Positive: a pleasant event that follows the performance of a behavior
	b. Negative: an unpleasant experience that is removed once the desired behavior is performed
Specify the most effective temporal relationship between the desired behavior and the reinforcer.	3. To be effective, the reinforcement should immediately follow the desired behavior
	4. Schedules of reinforcement
Distinguish ratio from interval schedules of reinforcement.	a. Ratio vs. interval

Objective	Content
	1. Ratio schedules reinforce a behavior after it has occurred a specified number of times
	2. Interval schedules reinforce a behavior after it has been going on a specified length of time
Distinguish fixed from variable schedules of reinforcement.	b. Fixed vs. variable
	1. Fixed schedules provide for reinforcement at the same ratio or interval all the time
	2. Variable schedules keep changing the ratio or interval so that the child cannot predict when he will be reinforced
	c. Continuous reinforcement
	1. Special case of a fixed ratio schedule
	2. Behavior is reinforced everytime it occurs
Identify the most effective schedule for establishing a new behavior.	3. Is most effective when establishing a new behavior
Specify two means of eliminating undesirable behavior.	C. Techniques for eliminating undesirable behavior
	1. Reinforcement of an incompatible behavior
Identify the definition of extinction.	2. Extinction: removing the reinforcers of the behavior
Supply the definition of punishment.	3. Punishment: following an undesired behavior with an unpleasant consequence

Part V - Instructional Procedures - Chapter 15 - Continued

Objective	Content
	a. Temporarily suppresses behavior b. Must be used with caution because it can evoke a variety of emotional reactions
Indicate the relationship between a behavior and its consequences.	D. Relationship between the frequency of a behavior and its consequences 1. Behavior will increase when followed by positive or negative reinforcement 2. Behavior will decrease when not reinforced, punished, or an incompatible response is reinforced
	E. Steps to follow when modifying behavior 1. Observe and take baseline 2. Specify a target behavior, including criterion 3. Select reinforcers 4. Implement selected strategy 5. Evaluate change that occurred 6. Establish reinforcement schedule

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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- CHAPTER 14. FACTORS TO BE CONSIDERED IN PLANNING INSTRUCTION
- CHAPTER 15. BEHAVIOR MODIFICATION
- CHAPTER 16. OPEN EDUCATION is a child-centered system in which children are free to determine their own educational experiences and to evaluate their progress and success toward goals.
  - Flexible objectives occur when the teacher encourages and accepts a variety of behaviors by the child.
  - Lack or de-emphasis of peer competition occurs when only those behaviors decided upon by the child are preferred.
  - Multi-age or family groupings mean the age span is more than one year, which increases the potential for different types of behavior.
  - Teacher's attitude toward mistakes means the teacher accepts errors as genuine learning attemps.
  - Transaction is the sum of a child's interaction plus his motivation to continue interacting.
  - Integrated day means each child's transactions are brought together with the environment of the classroom.
- CHAPTER 17. COMPARISON OF BEHAVIOR MODIFICATION AND OPEN EDUCATION

PART V

Instructional Procedures

Chapter 16

OPEN EDUCATION

Objective	Content
	A. The terms "open" and "education" are defined in ways peculiar to their use in open education classrooms
Supply a definition of "open" with respect to open education.	1. Open: a process term; opening describes what teachers try to facilitate in children; contributing factors are
Identify factors that contribute to opening a child.	a. Flexible objectives, encouraging a variety of behaviors
	b. Lack of or de-emphasis of peer competition
	c. Multi-age groupings
	d. Uncritical attitude toward mistakes on part of teacher
State the philosophy of education promoted by open educators.	2. Education models society
Describe the content of the open education curriculum.	a. The real world provides the blueprint for education in open classrooms
	b. Curriculum consists of objects and skills found in everyday life.
	B. Terms which represent what goes on in an open classroom
Indicate the two components of a transaction.	1. Transactions
	a. The child's interactions with objects plus. . .
	b. His desire to continue interacting with them
Select an appropriate description of an integrated day.	2. Integrated day: the bringing together of all the child's transactions

Part V - Instructional Procedures - Chapter 16 - Continued

Objective	Content
	C. Roles
	1. Of the curriculum: to fit the objectives "expressed by the child"
Describe the role of the teacher in an open classroom.	2. Of the teacher
	a. Identifying child's expressed objectives
	b. Facilitating transactions
	3. Of the child
Identify a description of the child's role in an open classroom.	a. Expresses objectives
	b. Initiates own transaction
	D. Classroom arrangements, general criteria
	1. Arrange materials in an appealing manner
	2. Materials must be reachable by child without adult help
	3. Gradually introduce materials to avoid overwhelming the child
	4. Provide space for both private and group work
	E. Evaluation
	1. Children set up their own yardsticks for success
	2. Progress is evaluated by means of the improvements in child's self-esteem

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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- CHAPTER 14. FACTORS TO BE CONSIDERED IN PLANNING INSTRUCTION
- CHAPTER 15. BEHAVIOR MODIFICATION
- CHAPTER 16. OPEN EDUCATION
- CHAPTER 17. COMPARISON OF BEHAVIOR MODIFICATION AND OPEN EDUCATION

  The teacher is given an opportunity to produce a third combination system of his own.

PART V

Instructional Procedures

Chapter 17

COMPARISON OF OPEN EDUCATION AND BEHAVIOR MODIFICATION

Objective	Content
	There are six major dimensions on which behavior modification and open education differ in their philosophy and techniques:
Distinguish between open education and behavior modification on the "role of the child."	A. The role of the child 1. Open education: the child is active and makes his own choices 2. Behavior modification: the child reacts to arrangements made for him by others
Distinguish between open education and behavior modification on "objectives."	B. Objectives 1. Open education: determined by the child 2. Behavior modification: specified by the teacher
Distinguish between open education and behavior modification on "reinforcement."	C. Reinforcement 1. Open education: as it naturally occurs in the course of interaction 2. Behavior modification: planned by the teacher according to some objective
Distinguish between open education and behavior modification on the "role of the teacher."	D. Role of the teacher 1. Open-education: non-directive 2. Behavior modification: directive
Distinguish between open education and behavior modification on "classroom arrangement."	E. Classroom arrangement 1. Open education: open spaces 2. Behavior modification: a variety of planned environments related to specified objectives

Part V - Instructional Procedures - Chapter 17 - Continued

Objectives	Content
Distinguish between open education and behavior modification on the issue of "evaluation."	F. Evaluation 1. Open education: according to the child's self-image and growth 2. Behavior modification: according to the criteria specified in the objectives

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 18. NATIONAL NETWORK OF INSTRUCTIONAL MATERIALS AND REGIONAL MEDIA CENTERS

- Special Educational Instructional Materials Centers (SEIMC or IMC for short) are subdivided into associate centers, which serve the teacher in consultative and supportive roles.
- Regional Media Centers for the Deaf (RMC) offer extensive preservice and inservice training for teachers of the deaf.
- Council for Exceptional Children (CEC) Information Center acts as a resource center as well as a coordinator for the entire network.
- Instructional Materials Reference Center helps teachers locate appropriate materials for visually handicapped children.
- National Center on Educational Media and Materials for the Handicapped (NCEMMH) is a national agency which develops materials, trains teachers, and delivers services for handicapped children and their teachers.

CHAPTER 19. COMPUTER BASED RESOURCE UNITS

CHAPTER 20. PRESCRIPTIVE MATERIALS RETRIEVAL SYSTEM

CHAPTER 21. FOUNTAIN VALLEY TEACHER SUPPORT SYSTEM

PART VI

Selection and Retrieval of
Instructional Procedures and Materials

Chapter 18

NATIONAL NETWORK OF INSTRUCTIONAL MATERIALS AND REGIONAL MEDIA CENTERS

Note: Effective September 1, 1974, the SEIMC/RMC/NCEMMH Network was re-designated as the ALRC/NCEMMH Network. Henceforth, Area Learning Resource Centers replace SEIMC's and RMC's. Many locations were changed but the new locations were unavailable at the time of printing of this Syllabus. Overall objectives for the entire Network are similar but a different delivery system has been conceptualized. For the most up to date information on this important Network, write Bureau of Education for the Handicapped, 7th and D Streets, S.W., Washington, D. C., 20202.

Objectives*	Content
	The Instructional Media Centers and Regional Media Centers (IMC/RMC) Network functions to develop materials, disseminate information about instructional materials, and train teachers in the use of media and materials. The Network includes the following participating systems:
	A. Instructional Materials Centers (IMC)
	1. Primary role lies with special education services
	2. Each center serves a particular region of the country
	3. Where the region is too large for one center to handle, it is further subdivided and provided with Associate IMC's
	4. Services provided by the Associate IMC's:

*Chapter 18 is introductory and purely informational. Consequently, no objectives are tested.

Part VI - Selection and Retrieval of Instructional Procedures and Materials - Chapter 18 - Continued

Objective	Content
	a. Lending materials to acquaint teacher before purchase b. Lending materials for special learning problems c. Collecting and sharing teacher evaluation of materials d. Providing consultative services for planning e. Publishing a newsletter describing services B. Regional Media Centers for the Deaf (RMC) 1. Concerned with changing classroom instruction for the hearing impaired and deaf 2. Functions a. Designing and developing materials b. In-service training for teachers of the deaf C. Council for Exceptional Children (CEC) Information Center 1. Collects, indexes, abstracts, and stores research information 2. Publishes the journal Teaching Exceptional Children 3. Coordinates the network D. Instructional Materials Reference Center 1. Concerned with the visually impaired 2. Develops materials and helps teacher locate appropriate materials

Part VI - Selection and Retrieval of Instructional Procedures and Materials - Chapter 18 - Continued

Objective	Content
	E. National Center on Educational Media and Materials for the Handicapped (NCEMMH) 1. Functions at the national rather than the regional or state level 2. Develops materials, trains teachers, and disseminates information

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 18. NATIONAL NETWORK OF INSTRUCTIONAL MATERIALS AND REGIONAL MEDIA CENTERS

CHAPTER 19. COMPUTER-BASED RESOURCE UNITS (CBRU) consist of broad pools of ideas and information which can be adapted by teachers of different grade levels.

- Teaching units are developed from resource units to prevent fragmentary learning, provide practice, and provide organization for difficult concepts.
- The C.A.P. Abstract and request form help the teacher select appropriate teaching units.
- The individual pupil portion of the request form allows the teacher to plan for individual differences.
- The Computer Based Resource Guide contains content outlines, an activities section, an instructional materials section, and evaluation devices.

CHAPTER 20. PRESCRIPTIVE MATERIALS RETRIEVAL SYSTEM

CHAPTER 21. FOUNTAIN VALLEY TEACHER SUPPORT SYSTEM

PART VI

Selection and Retrieval of Instructional Procedures and Materials

Chapter 19

COMPUTER-BASED RESOURCE UNITS

Objective	Content
	A. Computer-based resource units (CBRU) consist of broad pools of ideas and information which can be adapted by teachers to different grade levels
Identify the components of a resource unit.	1. Components of most resource units a. Learning outcomes b. Subject matter c. Instructional activities d. Materials e. Measuring devices f. Teacher references
Distinguish teaching units from resource units.	B. Teaching units 1. Are constructed by teacher from a resource unit
Supply three purposes of the unit method of teaching.	2. Are intended to prevent fragmentary learning, provide practice in applying "tool subject" skills, and organize teaching concepts
Indicate the kind of content most suitable for the unit method of teaching.	3. Work best with informational rather than skill development content areas
Recognize factors that justify the unit method of teaching.	4. Factors justifying the unit method a. Students show interest in the subject b. Material is in the school's curriculum guide c. Students show a lack of knowledge of the subject

Part VI - Selection and Retrieval of Instructional Procedures and Materials - Chapter 19 - Continued

Objective	Content
	C. Procedures for using CBRU 1. The request form a. Contains listings of resource units that have been developed b. Abstracts briefly discuss the scope and content of each unit c. Supplying information about the students 1. Teacher checks appropriate boxes on Instructional Variables sheet; the terms on this sheet are descriptors 2. Special information to be supplied includes the range of mental ages in the class, two objectives for each child, and reading levels
Identify a description of the term descriptors.	
Specify what is provided in the CBRU resource guide, after the request has been processed.	2. CBRU print-outs: what the teacher will receive from CBRU a. Objectives b. Content outlines c. Achievement test norms d. Small group activities e. Instructional materials f. Assessment devices g. An evaluation form on the unit

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 18. NATIONAL NETWORK OF INSTRUCTIONAL MATERIALS AND REGIONAL MEDIA CENTERS

CHAPTER 19. COMPUTER-BASED RESOURCE UNITS (CBRU)

CHAPTER 20. PRESCRIPTIVE MATERIALS RETRIEVAL SYSTEM helps teachers consider student variables when planning in specific skill areas.

- The process, which is very similar to the Diagnostic Teaching Model, includes diagnosing teaching objectives, selecting strategies, prescribing materials, retrieving materials, providing instruction, and evaluating outcomes.
- The SLLECT-ED Dictionary, which accompanies the kit, is the key to the system.
- Descriptor card files are used to individualize the materials for the desired task.

CHAPTER 21. FOUNTAIN VALLEY TEACHER SUPPORT SYSTEM

PART VI

Selection and Retrieval of
Instructional Procedures and Materials

Chapter 20

PRESCRIPTIVE MATERIALS RETRIEVAL SYSTEM

Objective	Content
Identify the type of content for which PMR provides materials.	The Prescriptive Materials Retrieval (PMR) System helps teachers apply pupil variables to specific skill areas.
	A. Procedures for using the system are similar to the Diagnostic Teaching Model
	1. Diagnose
	2. Set objectives
	3. Select strategy
	4. Prescribe materials
	5. Retrieve materials
	6. Apply
	7. Evaluate
Indicate the key to the use of the PMR system.	B. The key to using the PMR system is the SELECT-ED Educational Descriptor Dictionary
	1. Consists of descriptors similar to those used by CBRU
Specify the number of categories in the SELECT-ED Educational Descriptor Dictionary.	2. Descriptors divided into 8 educational categories
Supply the three descriptors that must be provided for the PMR system to work.	3. Three descriptors of special importance that must be provided by the teacher are
	a. The desired content
	b. The desired form of the material
	c. The reading level of the student(s)

Part VI - Selection and Retrieval of Instructional Procedures and Materials - Chapter 20 - Continued

Objective	Content
Identify what the teacher receives from the PMR system.	C. Services to the teacher 1. Abstracts of materials (primarily materials used for individualized instruction) that fit the teacher's specifications
Recognize that no information on instructional strategies is provided.	2. No information about instructional strategies is provided

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 18. NATIONAL NETWORK OF INSTRUCTIONAL MATERIALS AND REGIONAL MEDIA CENTERS

CHAPTER 19. COMPUTER-BASED RESOURCE UNIT

CHAPTER 20. PRESCRIPTIVE MATERIALS RETRIEVAL SYSTEM

CHAPTER 21. FOUNTAIN VALLEY TEACHER SUPPORT SYSTEM
helps teachers diagnose children's specific learning problems and identify materials for teaching specific skills rather than broad concepts.

- The system contains behavioral objectives for 277 different reading skills for grades 1-6.
- In kit form, the components of the system include a teacher's manual, a series of tests on cassette tape, a series of self-scoring work sheets, a Pupil Progress Profile, and a Teaching Alternatives Supplement.

PART VI

Selection and Retrieval of Instructional Procedures and Materials

Chapter 21

FOUNTAIN VALLEY TEACHER SUPPORT SYSTEM

Objectives	Content
Specify the content area FVTSS focuses on.	The Fountain Valley Teacher Support System (FVTSS) helps teachers diagnose specific reading problems and identify appropriate remedial materials
Identify the materials provided to the teacher by FVTSS in their kits.	A. Components of the kits 1. Teacher's manual 2. Behavioral objectives for reading skills in five areas a. Phonetic word analysis b. Structural word analysis c. Vocabulary development d. Comprehension e. Study skills 3. Pupil progress profile 4. Achievement tests
Indicate the unique feature of the FVTSS	a. Recorded on cassette tapes, a unique feature of FVTSS
Indicate who administers the tests in the FVTSS.	b. Administered by child using self-scoring worksheets
	5. Teaching Alternatives Supplement; additional materials to be used should skills have to be re-taught

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 22. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL is a presentation of the basic concepts of linguistic descriptions of language.

- Diagnostic language teaching must operate within a total framework which reflects language as an integrated system of interdependent skills, recognizes that all levels of language are being learned simultaneously, and accepts guidelines provided by research and theory.
- Language assessment considers imitation, comprehension, and production.
- Nonstandard dialects are not serious barriers if a child needs to learn the standard dialect because a young child's ability to learn language is great.
- Reading readiness is a function of mental development.
- A variety of information sources is available to teachers on a national level.

CHAPTER 23. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO READING

CHAPTER 24. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MATHEMATICS

CHAPTER 25. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO SOCIAL AND EMOTIONAL DEVELOPMENT

CHAPTER 26. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MOTOR DEVELOPMENT

PART VII

Application of the Diagnostic Teaching Model

Chapter 22

LANGUAGE DEVELOPMENT

Objectives*	Content
Select an example of "symbolic" communication.	A. Language is a set of symbols with rules for their arrangement, shared by a group of people for the purpose of communication and as a tool for thought
	1. The structure of language can be divided into 4 levels
Differentiate between speech sounds and words.	a. The Phonological Level deals with speech sounds and their production
Define the "morphological level of language."	b. The Morphological Level deals with the smallest combination of sounds that have meaning
Explain the term "syntactic level of language."	c. The Syntactic Level deals with the way words are grouped into meaningful sentences; this level has 5 major components
Identify descriptions of the 5 areas of syntactic competence.	1. Awareness of major word classes
	2. Knowledge of basic sentence types
	3. Knowledge of basic grammatical relationships
	4. Ability to substitute, and
	5. Knowledge of transformations
List the components of semantic competence.	d. The Semantic Level refers to the meaning of statements and the ability to interpret this meaning; this ability requires 5 skills:

*This chapter also includes an extended case study in which students practice applying diagnostic teaching to children experiencing problems in language development. Also, separate branches and case studies focus on children ages 2-5 (CARE 2) or 5-8 (CARE 3).

Part VII - Application of the Diagnostic Teaching Model - Chapter 22 - Continued

Objectives	Content
	1. Adequate vocabulary 2. Definitional ability 3. Paraphrasing 4. Evaluating truth value, and 5. Detecting ambiguities and absurdities
	B. The assessment of language growth involves a number of steps
Describe 5 areas of language functioning the teacher should consider in her general assessment.	1. First, a general assessment should be made to see. . . a. At what level of verbal functioning a child is b. Whether his command of receptive language is adequate c. Whether the quantity of his verbal output is comparable to his peers d. Whether he is intelligible relative to his age, and e. Whether his expressive vocabulary is adequate
List a current formal test for each of the 5 areas above.	2. If functioning in any of the 5 areas above is doubtful, an appropriate standardized test should be administered
	3. Informal evaluation procedures (listed in detail in Plate 22.6 in the Handbook) can be used to assess the following areas: a. Identifying sounds b. Identifying pictures which test sentence comprehension c. Repeating sentences with different grammatical structures

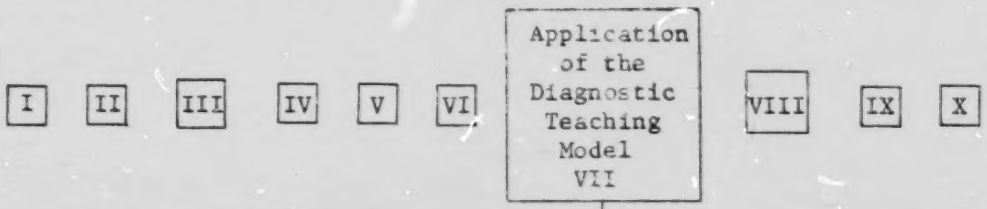
Part VII - Application of the Diagnostic Teaching Model - Chapter 22 - Continued

Objectives	Content
	d. Manipulation of objects to test comprehension of grammatical structures e. Supplying correct inflections f. Completing sentences to match the structure of a model, and g. Transforming sentences to match the structure of a model
	C. Special considerations arise with speakers of non-standard English
Specify the criteria which qualify language deviations as a dialect.	1. When children speak in consistent deviations, they are most likely speaking a dialect 2. The teacher should accept the dialect and emphasize. . . a. Reasoning ability b. Concept development, and c. Vocabulary development
	D. After assessment, a number of points need to be considered
List types of problems that should be referred to a specialist.	1. Criteria for referral are not clearcut; but the following problems should usually be referred: a. When the child doesn't associate objects with their auditory symbol b. If the child is still only using one or two word phrases at the end of the preschool period c. If the child is having difficulty with vowels or his articulation of consonants is 1 1/2 - 2 years behind the normal developmental schedules

Part VII - Application of the Diagnostic Teaching Model - Chapter 22 - Continued

Objectives	Content
	d. When there are voice problems
	2. The objectives for remedial work with a given child should be drawn from the objectives for the class as a whole
Specify appropriate language structures for normal preschoolers.	a. Minimum objectives for preschoolers include simple sentences, transformations and tenses, and a naming and describing vocabulary
	b. The child with language difficulties should be taken as far toward those objectives as possible
	3. Teaching strategies differ depending on the type of problem
	a. Teaching speech sounds revolves around modeling
	b. Sentence structure can be taught by having the child rearrange patterns
	c. Picture-word cards and other pictorial devices can build vocabulary
	4. Language programs can be grouped into 3 "camps" by means of the methodologies they use
Identify a description of the modeling technique in language instruction.	a. Expansive modeling
	b. Physical involvement
	c. Repetitive drill

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN



CHAPTER 22. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO LANGUAGE DEVELOPMENT

CHAPTER 23. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL

Reading is defined as the process of getting meaning from written symbols to communicate and solve problems.

- Reading is a means to an end, not an end itself.
- Reading readiness encompasses five major areas: visual skills, listening, language and speech, social and emotional development, and intellectual interest in reading.
- Reading is divided into two major skill areas: vocabulary and comprehension.
- Evaluation of reading skills should include criterion-referenced tests, general assessment of comprehension and application of reading, and teacher observation of behavior during reading to detect evidence of independence and enjoyment of reading.

CHAPTER 24. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MATHEMATICS

CHAPTER 25. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO SOCIAL AND EMOTIONAL DEVELOPMENT

CHAPTER 26 APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MOTOR DEVELOPMENT

PART VII

Application of the Diagnostic Teaching Model

Chapter 23

READING
CARE 3 Only

Objectives*	Content
	Reading is defined as the process of getting meaning from written verbal symbols to communicate and solve problems
	A. The first task in reading instruction is to determine the child's readiness for systematic instruction
	1. Reading readiness is a dynamic process that must be constantly observed as each new skill is mastered
	2. There are five areas of reading readiness
	a. Visual skills
	b. Listening
	c. Speech and language
	d. Social and emotional development
	e. Intellectual interest in reading
	B. Reading is divided into two major skill areas
	1. Vocabulary requires a knowledge of the sound and meaning of specific words
Distinguish content words from function words.	a. A major division is between content and function words

*This chapter also includes an extended case study in which students practice applying diagnostic teaching to children experiencing problems in reading. Case studies and examples focus on children in the primary grades. The chapter is optional for CARE 2 students.

Part VII - Application of the Diagnostic Teaching Model - Chapter 23 - Continued

Objective	Content
	1. Content words carry the major meanings of the sentence 2. Function words show relationships and tie the sentence together
Identify examples of the 5 levels of comprehension.	2. Comprehension is divided into 5 levels a. Locating information b. Remembering c. Organizing d. Predicting and extending e. Evaluating
	C. Teaching reading can involve a number of procedures and programs
Indicate the 5 ways of teaching vocabulary.	1. Five major ways of teaching vocabulary are as follows: a. Sight vocabularies are when the child learns by memory b. Phonics work involves sound-letter relationships usually introduced in the following sequence
Specify the sequence in which sounds are introduced in phonics programs.	1. Single consonants 2. Consonant blends 3. Consonant digraphs 4. Short vowels 5. Long vowels 6. Vowel dipthongs 7. Vowel digraphs 8. Schwa sounds

Part VII - Application of the Diagnostic Teaching Model - Chapter 23 - Continued

Objective	Content
Identify 5 types of structural analysis.	c. Structural analysis involves studying words according to their. . . 1. Roots 2. Prefixes and suffixes 3. Compounds 4. Contractions, and 5. Syllabication
	d. Learning words by context involves dividing sentences into units and the relationships between them
	e. The dictionary is the fifth tool for teaching vocabulary
	2. Comments on basal reading series
	a. Weaknesses of basal approaches are stereotyped content and structural rigidity
Supply the major strength of basal reading series.	b. The major strength is that they provide a carefully controlled and sequenced program extending over a period of years

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 22. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO LANGUAGE DEVELOPMENT

CHAPTER 23. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO READING

CHAPTER 24. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MATHEMATICS is a presentation of basic mathematical concepts as a means of communicating the quantitative dimensions of the environment.

- Goals include developing mathematical concepts and a quantitative vocabulary, teaching computational skills, and providing opportunities for problem solving.
- At the preschool level, the development of mathematical concepts and vocabulary used should be stressed (classification, seriation, spatial relationships, and measurement).
- At the primary level, the learning of computation should be stressed (addition, subtraction, multiplication, division, geometry, and fractions).
- The four diagnostic approaches to mathematics are standardized tests, teacher-made tests, observation, and clinical interviews.
- The interactive model for teaching specifies the teacher's input and the student's output for an objective.

CHAPTER 25. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO SOCIAL AND EMOTIONAL DEVELOPMENT

CHAPTER 26. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MOTOR DEVELOPMENT

PART VII

Application of the Diagnostic Teaching Model

Chapter 24

MATHEMATICS

Objectives*	Content
State what the language of mathematics is used to communicate.	A. Mathematics is a form of language which is used to communicate the quantitative dimensions of the environment B. Goals of a comprehensive math program include. . . 1. Development of mathematical concepts and a quantitative vocabulary 2. Teaching computational skills, and 3. Providing opportunities for problem-solving so that the language of mathematics will become functional C. The preprimary level: 1. Prerequisites for the understanding of the concept of number are. . .
State the 4 properties that define a set.	a. Understanding that number is one of the 4 properties of a set (number, size, shape, color)
Define the concept of ordinality.	b. Ordinality: understanding that numbers can be arranged in a sequence
Define conservation of number.	c. Conservation of number: understanding that the number of a set does not change with the physical rearrangement of its elements, and

*This chapter also includes an extended case study in which students practice applying diagnostic teaching to children experiencing problems in mathematics. Also, separate branches and case studies focus on children ages 2-5 (CARE 2) or 5-8 (CARE 3).

Part VII - Application of the Diagnostic Teaching Model - Chapter 24 - Continued -

Objectives	Content
Define one-to-one correspondence.	d. One-to-one correspondence: matching the objects of one set with the objects of another set
	2. Emphases in preprimary math programs are. . .
	a. Classification activities which help develop the concept of sets
	b. Seriation which develops the concept of ordinality and rational counting
	c. Spatial relationships (i.e., near-far, top-bottom, above-underneath, right-left, inside-outside), and
	d. Measurement:
	1. Conservation of length
	2. Nonstandard units of measure and
	3. Subdivision and repetition
List the ways in which mathematical concepts can be developed at the preprimary level.	3. Modes of teaching mathematics to preprimary children include. . .
	a. Manipulation of objects
	b. Building vocabulary, and
	c. Providing problems to be solved
	D. At the primary level:
	1. Areas of concentration include. . .
	a. Addition
Define the concept of addition.	1. Addition is defined as the joining of two sets
	2. Addition possesses two important properties:

Part VII - Application of the Diagnostic Teaching Model - Chapter 24 - Continued -

Objectives	Content
Define the commutative property of addition.	a. Commutative: the order in which numbers are added together does not affect the sum, and
Define the associative property of addition.	b. Associative: when two or more numbers are added, it makes no difference how they are grouped
	b. Subtraction 1. Subtraction is the reverse of addition 2. The commutative and associative properties do not apply 3. The concept of place-value is particularly crucial
	c. Higher operations are 1. Multiplication 2. Division 3. Geometry 4. Fractions, and 5. Measurement
	2. The interactive model for teaching mathematics consists of. . .
State the 3 modes that can be used to present mathematical content.	a. Three modes of teacher input: 1. Verbal 2. Visual 3. Motor, and
	b. Two modes of learner output: 1. Verbal, and 2. Motor

Part VII - Application of the Diagnostic Teaching Model - Chapter 24 - Continued -

Objectives	Content
List the 4 approaches to data collection about mathematical abilities.	E. There are 4 ways to diagnose mathematical abilities: 1. Standardized tests 2. Teacher-made tests 3. Observation, and 4. Clinical interviews

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 22. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO LANGUAGE DEVELOPMENT

CHAPTER 23. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO READING

CHAPTER 24. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MATHEMATICS

CHAPTER 25. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO SOCIAL-EMOTIONAL DEVELOPMENT is a presentation of a program based on two premises: "The classroom is a laboratory for social-emotional development" and "How a child feels is more important than what he knows."

- The characteristics of the learner, the teacher, and the environment are all related to each other, and they all interact with each other in the teaching-learning process.
- A variety of procedures and activities can be used specifically to encourage and facilitate the teaching-learning process.
- Different inappropriate behaviors must occur frequently and be observed before the teacher can identify a child as one who is having social-emotional problems.

CHAPTER 26. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MOTOR DEVELOPMENT

PART VII

Application of the Diagnostic Teaching Model

Chapter 25

APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO SOCIAL-EMOTIONAL DEVELOPMENT

Objectives*	Content
Supply the place that is a laboratory for social-emotional development.	A. The basic premise of the chapter is that the classroom is a laboratory for social-emotional development 1. How a child feels is more important than what he knows
Specify the two areas influenced by how the child feels about himself.	2. Areas affected by how the child feels about himself are. . . a. What he learns, and b. How he learns
List ways the teacher can facilitate social-emotional development.	3. The teacher can manipulate all the characteristics of the environment which facilitate the teaching-learning process; these include: a. Making subject matter relevant b. Perceiving the child as non-threatening to self c. Encouraging the learner to be active d. Being honest and open e. Interacting at both the intellectual and affective levels f. Feeling accepted, comfortable, and competent in the situation g. Entering into positive and cooperative relationships

*This chapter also includes an extended case study in which students practice applying diagnostic teaching to children experiencing problems in social-emotional development. Also, separate branches and case studies focus on children ages 2-5 (CARE 2) or 5-8 (CARE 3).

Part VII - Application of the Diagnostic Teaching Model - Chapter 25 - Continued -

Objectives	Content
	h. Evaluating the self
	i. Being accepting and trusting of the children
	j. Being sensitively understanding of the children
	k. Being flexible
	l. Planning activities with the children, and
	m. Accepting one's own limitations
Identify the 3 components in the teaching-learning process.	4. Critical components in the teaching-learning process are. . .
	a. The teacher
	b. The child, and
	c. The environment
List 3 procedures for facilitating social-emotional development.	B. Procedures which facilitate social-emotional development are. . .
	1. Puppets and dramatic play
	2. Role-playing (socio-drama), and
	3. Discussion groups
	C. There are 2 criteria for determining social-emotional problems
List the 2 criteria which define a behavior as a problem.	1. The behavior suspected of being a problem must be inappropriate for the situation in which it is occurring
	2. The inappropriate behavior must occur frequently

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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- CHAPTER 22. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO LANGUAGE DEVELOPMENT
- CHAPTER 23. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO READING
- CHAPTER 24. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MATHEMATICS
- CHAPTER 25. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO SOCIAL-EMOTIONAL DEVELOPMENT
- CHAPTER 26. APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MOTOR DEVELOPMENT presents a program to help teachers aid children having difficulties with the gross motor movements of the body.
  - A child's age is the best reference point for deciding if his lack of motor skill is actually a problem.
  - A teacher must observe for two types of motor behaviors: mastery of the fundamental skills and development of strength and speed.
  - The use of the Movement Patterns Checklist allows the teacher to collect specific information on the child's movements to determine the proper diagnostic plan.

PART VII

Application of the Diagnostic Teaching Model

Chapter 26

APPLICATION OF THE DIAGNOSTIC TEACHING MODEL TO MOTOR DEVELOPMENT

Objectives*	Content
	A. Diagnosis in motor development follows a decision model:
	1. Some difficulty is spotted
Indicate the source used to determine if child has a problem.	2. The teacher checks tables of average development to see if a problem exists
	3. If the problem is real, the teacher decides if it focuses on basic skills or strength and speed
	a. If it is a basic skills problem, the teacher constructs the basic skills profile
	b. If it is a strength and speed problem, the teacher compiles strength and speed records
	4. The teacher examines the basic skills profile and decides if the child is more than a year behind on one or more skills
	a. If not, a strength and speed record is compiled
	b. If yes, more detailed information is gathered
Specify the step which follows the construction of the basic skills profile when the child is more than a year behind in one or more skills.	5. Filling out the Movement Pattern Checklist (MPC)
	a. The MPC contains 8 checklists for 8 different skills

*This chapter also includes an extended case study in which students practice applying diagnostic teaching to children experiencing problems in motor development. Also, separate branches and case studies focus on children ages 2-5 (CARE 2) or 5-8 (CARE 3).

Part VII - Application of the Diagnostic Teaching Model - Chapter 26 - Continued -

Objectives	Content
Specify which checklists from the MPC are to be filled out.	b. The checklists to be completed are those on which the child is a year or more behind (that is, not all checklists are used) 6. When the teacher examines strength and speed records, a decision about whether the child is a year or more behind is made a. If not, the child is watched, but no further diagnosis is done b. If yes, the teacher fills out the appropriate checklists from the MPC
	B. Objectives: 1. Objectives are constructed using the guidelines in Chapter 12 on Instructional Objectives
Identify the major source from which the content of motor objectives is drawn.	2. Content for the objectives are derived from the results of the MPC and, occassionally, from the tables of average development
	C. Remediation: 1. Strategies for basic skill problems:
Identify the bases on which strategies are constructed.	a. Strategies are based on the 3 ways children learn: 1. By verbal instruction 2. By demonstration, and 3. By direct experience b. Most motor skills are taught using demonstration, but it is sometimes necessary to begin with direct experience c. Skills must be task analyzed to determine the instructional sequences

Part VII - Application of the Diagnostic Teaching Model - Chapter 26 - Continued -

Objectives	Content
Specify the focus of strategies for weak and underdeveloped muscles.	2. Strategies for strength and speed problems due to weak or underdeveloped muscles center on calisthenics 3. Activity settings (including selection of materials) within which to implement the strategies are given in the Gross Motor Activities Handbook
	D. Evaluation:
List the 3 levels of evaluation in motor skills.	1. There are 3 levels of evaluation a. The instructional sequence is observed b. Objectives are tested c. The child's performance is compared with his peers
Specify the course of action appropriate when objectives are not met.	2. After evaluation, there are 2 important decisions to be made a. If child does not reach the objectives, the teacher reviews the diagnostic teaching model for possible errors b. If no errors can be found, the teacher consults a specialist

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 27. USING RESOURCE PERSONS: ROLES, REFERRAL STATEMENTS, AND FOLLOW UP

Resource people may be consulted at any step of the Diagnostic Teaching Model.

- All the people in a school and community may function as resource people.
- Availability, scope of information required, and time will limit the number of resource persons the teacher consults.
- A referral is a more formal contact made only after several attempts to use the Diagnostic Teaching Model have failed.

CHAPTER 28. PARENT EDUCATION

PART VIII

Resources

Chapter 27

USING RESOURCE PERSONS: ROLES, REFERRAL STATEMENTS, AND FOLLOW-UP

Objectives	Content
Indicate the scope of the role of resource persons.	A. Resource personnel may be consulted for all aspects of the Diagnostic Teaching Model 1. Resource personnel may be drawn from both the school and the community
List 3 factors affecting the decision to consult a resource person.	2. Factors influencing the decision to consult a resource person are.. a. Time (the teacher must have time for consultations) b. Availability (the necessary resource persons may or may not be available) and c. The information needed by the teacher
Identify 3 reasons for consulting a resource person.	3. Reasons for consulting resource personnel are. . . a. The teacher has tried everything he can think of b. The child is likely to be referred at a later date, and c. Specialized materials are needed
	B. Referral and follow-up procedures: 1. A referral is a formal contact with a resource person 2. The Teacher Referral Statement allows the teacher to document all the available information on the child

Part VIII - Resources - Chapter 27 - Continued

Objectives	Content
	a. The Statement is filled out when a referral is initiated b. If some information is not available, the teacher must make arrangements to collect it 3. The Teacher Referral Statement usually is submitted to a central place where it is then assigned to the appropriate specialist
Indicate what the teacher does while the referral is being processed.	4. While the referral is in process, the teacher continues with diagnostic teaching 5. After the referral is complete, the teacher . . . a. Compares teacher-collected data with the data provided by the specialist b. Has a conference with the specialist, and c. Starts with the Diagnostic Teaching Model again using the new information

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 27. USING RESOURCE PERSONS: ROLES, REFERRAL STATEMENTS, AND FOLLOW UP

CHAPTER 28. PARENT EDUCATION provides a bridge between the early experiences children have at home with parents and their later schooling.

- Parents are a child's first teachers. Five categories of mothering styles have been recognized: super mother, smothering mother, almost mother, overwhelmed mother, zoo-keeping mother.
- The types of parent programs that emerged from Head Start are labeled according to their perspective towards children's needs: Deficit Model, Schools-as-Failure Model, Cultural Difference Model, Social Structural Model.
- Organized Parent Education programs are described in terms of parent roles: bystanders, learners, teachers, aides, policy makers.

PART VIII

Resources

Chapter 28

PARENT EDUCATION

Objectives	Content
	A. Parent education is a response to the growing concern for the child's early experiences in the home
Interpret the results of certain research findings in terms of experiences parents should plan for their children.	1. Recent research has illustrated the previously unknown capacities of infants, which implies that planned early experience can enhance development
Identify the major cause of parents' growing awareness of the importance of early childhood.	2. Parents have become aware of the importance of early childhood due to the dissemination of information by the mass media on the education of young children
	B. Types of parenting styles are. . .
	1. The Super Mother: she acts as a resource for her children
	2. The Smothering Mother: she has children who are dependent on adults
	3. The Almost Mother: she cares but is not a mind-stretcher
	4. The Overwhelmed Mother: she cannot cope with the child's demands, and
	5. The Zoo-keeper Mother: she is efficient and well-organized but tends to keep the child confined
State the major purpose of parent involvement.	C. Parent involvement in their children's education has the major purpose of facilitating home-school ties
Deduce the type of parent involvement associated with 4 preschool education models.	1. There are essentially 4 perspectives around which preschool programs cluster

Part VIII - Resources - Chapter 28 - Continued

Objectives	Content
	a. The Deficit Model assumes deficiencies in the child's environment and attempts to remedy them
Identify examples of programs conforming to 4 preschool education models.	b. The Schools-as-Failures Model recognizes the child and his community as worthwhile resources
	c. The Cultural Difference Model recognizes and values the culture of the child
	d. The Social Structural Model perceives the community as the focal point
Identify descriptions of 5 roles parents play in various preschool programs.	2. There are 5 kinds of roles parents can play in their child's education
	a. Parents can be merely bystanders
	b. Parents can be learners (i.e., they can be taught to improve their child-rearing skills)
	c. Parents can be teachers (i.e., they can be trained to engage in home-teaching
	d. Parents can be aides in the classroom
	e. Parents can be policy makers for the programs in which their children are enrolled

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

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CHAPTER 29. DAY CARE THEORY
Day Care's role is changing from that of a custodial service to an organized learning environment for preschool children.

Individual centers reflect a number of early childhood programs.

CHAPTER 30. DAY CARE - APPLICATION

PART IX

Day Care

Chapter 29

DAY CARE THEORY
CARE 2 Only*

Objectives

Define Day Care.

Specify the reason for the recent expansion in Day Care services.

Content

A. Day Care is best defined as substitute family care. It's current growth is partially due to the number of women with young families who are entering the work force

B. History of the child care movement

1. The public child care movement has traditionally provided custodial care for the children of families too poor to provide that care

2. The private early education programs have been geared toward providing enrichment experiences with the following philosophical roots:

a. Early philosophers

1. Aristotle strongly favored the education of the child

2. Comenius advocated age-groupings

3. Rosseau fostered the notion that each child is unique and different from adults

b. Johann Pestalozzi wrote many books about teaching and ran schools for young children

*This chapter is optional for CARE 3 students.

Part IX - Day Care - Chapter 29 - Continued

Objectives	Content
Specify whose teachings were embodied in the first early childhood schools in America.	c. Frederick Froebel is known as the father of the kindergarten and had great impact on the first early childhood schools in the U. S. 3. Recently, private early childhood programs have branched out from the traditional ideas of Froebel a. Behaviorally oriented programs are represented by Resnick, Busnell, and Bereiter-Engelmann b. Cognitive programs are like those of Weikart and Nimnicht c. Normative programs are illustrated by Bank Street, Gordon, and Head Start 4. A second recent development is the merging of the private child care movement with the public child care movement into Developmental Day Care
Define the term "Developmental Day Care."	1. Developmental Day Care refers to day care services which include formal preschool programs
Identify the strongest rationale for the interest taken by professionals in developmental day care.	2. The critical importance of developmental day care lies in the opportunity it provides for intervening in the lives of children of the poor and breaking the cycle of poverty

CARE 2/3 - DIAGNOSTIC TEACHING OF PRESCHOOL & PRIMARY CHILDREN

I | II | III | IV | V | VI | VII | VIII | Day Care IX | X

- CHAPTER 29. DAY CARE THEORY
- CHAPTER 30. DAY CARE APPLICATION includes a case study to provide practice for the teacher in designing classroom areas, planning appropriate activities, and handling administrative duties.

PART IX

Day Care

Chapter 30

DAY CARE - APPLICATION
CARE 2 Only

Objectives*

Content

This chapter presents practices suitable for developmental day care with infants and toddlers

A. The first consideration revolves around the arrangement of equipment and activities indoors

1. Provisions must be made for block play

a. Blocks should be light weight and constructed of non-toxic materials

b. The size of the blocks will vary depending on the age of the child

c. The adults should introduce playthings that will broaden the activity of the child

2. A central aspect of developmental day care is the provision of books and the reading of stories

a. Young infants need large, brightly colored pictures

b. Older infants will listen to stories of short duration

c. Group storytelling activities are appropriate for toddlers

3. Dramatic play is another familiar activity in developmental day care

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*Chapter 30 is an extended case study. Consequently, the content objectives are the same as those for Chapter 29. As they progress through this chapter, students paritcipate in simulated day care programs. This chapter is optional for CARE 3 students.

Objectives

Content

a. Older children can make use of dress-up clothes, doll and house corners

b. Rhymes and making faces are appropriate for infants

4. Day-long centers need rest areas for children of all ages

a. Sturdy cribs will be needed for the infants

b. Mats or cots will serve the toddlers

c. The rest area should be in a quiet, separate room if possible

B. Outdoor activities should be planned for all children; scheduling depends on the child's. . .

1. Age

2. Health, and

3. Clothing

C. Attention must be given to the sequencing of the daily routine

1. Quiet play should follow meals

2. Mid-morning and mid-afternoon snacks must be provided

3. Infants often require several naps; toddlers only an afternoon nap

D. There are 3 issues of administrative importance in the smooth operation of a center

1. Staff schedules should be staggered so that the largest number of personnel are present when the largest numbers of children are

2. Appropriate duties of the food service personnel must be outlined

3. Supplies may be purchased in bulk or on inventory and re-ordering procedures used